Lament as a Music Therapy Process of Meaning Reconstruction in Mental Health Care: A Philosophical Inquiry

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A Thesis

in

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts (Creative Arts Therapies, Music Therapy Option)

Concordia University

Montreal, Quebec, Canada

September, 2020

CONCORDIA UNIVERSITY

School of Graduate Studies

This is to certify that the thesis prepared

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Entitled: Lament as a Music Therapy Process of Meaning Reconstruction in Mental Health Care: A Philosophical Inquiry

and submitted in partial fulfillment of the requirements for the degree of

Master of Arts (Creative Arts Therapies, Music Therapy Option)

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ABSTRACT

Lament as a Music Therapy Process Towards Meaning Reconstruction in Mental Health Care: A Philosophical Inquiry

Lydia Penner

This philosophical inquiry has considered the significance of a grief process to address the interrelation of disenfranchised grief and mental illness. Two frames, of Neimeyer's (2001) meaning reconstruction grief model and cultural/historical examples of lament, have articulated the relevance of this process in relation to music therapy practice. These two areas illustrate making sense of loss and internal distress through building a grief narrative and re-asserting meaning in the process. This is conceptualised in music therapy practice with the use of the model of The Mythic Artery (Kenny, 1982, 2006) and the advanced methods of Guided Imagery and Music (Bonny, 2002), and Vocal Psychotherapy (Austin, 2008), illustrating systems of creativity and co-construction that guide a process of meaning reconstruction through lament. Interpretation of significant findings reveal three interconnected areas of meaning making: giving meaning to pain, relational meaning, and a world of meaning. The implications of the research relating to practice, education, research, along with limitations are discussed.

ACKNOWLEDGEMENTS

First, I wish to acknowledge the enrichment of my clinical experiences that gave me examples that inspired this philosophical inquiry. Each of your voices and stories of loss have provided motivation and inspiration throughout my research process. To Annabelle Brault, my advisor, whose keen eye and steady direction has furthered my process and reinforced the development of skills as an academic researcher. To the music therapy faculty, who have modelled critical thought, and a learning environment that has fed both my clinical and academic learnings. Lastly, to my family and friends, who have taught me about the varied nature of grief, whose ideas and discussions have nurtured my own expression, and whose connection and support have sustained me.

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Chapter 1. Introduction

Significance and Need

Suffering is part of being human. Scholars who focus on the topic explain how experiences of suffering, such as "illness, change, loss and death," (Gehart & McCollum, 2007, p. 216) are part of the "human condition" (p. 216). Historically, suffering has been met with the ritualistic and symbolic expression of lament, embedded within ancient traditions. This includes ritual practices in Ancient Greece and biblical references to the expression of suffering in Israel (Brueggemann, 1995; Carlson, 2015; Sijakovic, 2011).

Yet, many live with a ''hidden sorrow'' (Doka, 2002, p. 15; Kellington, 2015 Roos, 2002;), because social norms have defined when, and in what circumstance it is appropriate to grieve (Doka, 2002; Neimeyer, Klass & Dennis, 2014). *Disenfranchised grief* was termed by Doka (1989) to refer to grief and loss that is without social sanction and viewed as illegitimate. Those experiencing disenfranchised grief often lack acknowledgement and public recognition in the form of ritual to express grief in a healthy way (Doka, 2002). This may include lack of community support such as access to informal emotional care and public mourning (Doka, 2002).

One group that may be affected by the consequences of disenfranchised grief include those experiencing mental illness (Young, Bailey, & Rycroft, 2004). Young et al. (2004) suggest that a "grief lens" (p. 190) be used to understand how those living with mental illness, as well as their love ones, experience loss. When grief is "unnamed and unacknowledged" (Young et al., 2004, p. 192), the healing process can be complicated (Doka, 2002; Young et al., 2004). Given the present "recovery oriented" (McCranie, 2011, p. 472) views within mental health care, McCranie (2011) argues for a more nuanced approach, acknowledging "personal journeys of recovery" (p. 479) and associated processes of meaning reconstruction, as well as the restoration of one's sense of hope and personal agency. The need for such an approach in music therapy in mental health care is presented next.

Music therapy began to emerge as a formalized professional practice in the second half of the twentieth century (Gooding, 2017). Previously, music had been used as an agent for rehabilitation by health professionals in the care of veterans who served in World War II. In the early development of music therapy in mental health care, goals

such as symptom management/reduction, verbal and nonverbal expression, improvement of mood, and facilitation of social support/therapeutic alliance were addressed (Silverman, 2015). Conceptualizing mental health needs through a "grief lens" (Young et. al., 2004, p. 190) may provide a space for expressing "unrecognized, unarticulated and unvalued" (Neimeyer & Jordan, 2002, p. 95) experiences. This may, in turn, reduce feelings of isolation and disconnection. Recognizing these loss experiences may encourage the development of methods and practices that explore and voice the pain of grief related to mental illness. Lament, as an outcry of grief and anguish (Lament, n.d.), could give voice to the suffering of those experiencing disenfranchised grief (Bonny, 2002; Kenny, 2006). Since there is no conceptualization of lament within music therapy context to date, this research could provide further direction towards its use within mental health care.

Relevance to Music Therapy

Music therapy, along with other therapeutic practices within mental health care, consider the promotion of well-being as a core motivation for offering service (McCaffrey, 2016). Music can be a health resource (Rolvsjord, 2010) during periods of emotional and physical suffering in the context of mental health care (Ascenso, Perkins, Atkins, Fancourt & Williamon, 2018; Uhlig, Jansen, & Scherder, 2018). Community Music Therapy (Pavliecevic & Ansdell, 2004), Feminist Music Therapy (Curtis, 2012; Hadley, 2006;), Resource-Oriented Music Therapy (Gold, et. al., 2005; Rolvsjord, 2010) and Queer Music Therapy (Boggan, Grzanka, Brain & Candice, 2017) are examples of music therapy orientations where music is used to promote equity and inclusion, as well as to address layers of systemic issues related to oppression (Boggan, et. al., 2017; Hadley, 2006; Pavlicevic & Ansdell, 2004). A common aim among these theoretical orientations is to enable or empower clients to give voice to (i.e., express) their own perspectives (Curtis, 2012). This may involve carefully considering power dynamics (Rolvsjord, 2010; Travis, 2013), fostering feelings of empowerment (Hadley, 2006; Curtis, 2012; Rolvsjord & Halstead, 2013; Rolvsjord, 2010), supporting self-agency (Rolvsjord, 2010) and facilitating meaning reconstruction to help participants make sense of their personal challenges (Austin, 2008; Amir, 2004; Sekeles, 2012). It may also include social activism (Curtis, 2012; Hadley, 2006; Rolvsjord & Halstead, 2013). Music

therapists working in mental health care constantly encounter individuals who have experienced some form of loss, whether or not it is overtly acknowledged. This can include a symbolic or literal loss of their voice. However, systems may not recognize these losses as indicative of a grieving process (Brinkmann, 2016; Doka, 2002; McCraine, 2011;). The influence of systems that invalidate the varied experiences of loss is also present within music therapy due to lack of research that specifically mentions disenfranchised grief as a focus area. Inquiry in the area of lament in music therapy and mental health care could therefore provide further contextual details to those facing disenfranchised grief on how music can give voice to what remains hidden (Doka, 2002).

Lament, within diverse cultural traditions, has demonstrated how voice can be given to immense suffering, often in the context of loss, including death (Alexiou, 1974; Sijakovic, 2011), exile (Bridgeman, 2017; Porter, 2013), illness (Carlson, 2015), trauma (Carlson, 2015), and decimation of cities (Alexiou, 1974; Carlson, 2015). In western classical opera, the griever expresses lament with climactic emotional intensity in chorus lines and arias (Bloechl, 2011). When the experience of suffering is honoured and given form, there may be new pathways that weaken the narrative of alienation and powerlessness (Austin, 2008; Bonny, 2002; Kenny, 2006; Worden, 2009).

Although processes relevant to lament, such as catharsis (Gardstrom, Klemm, & Murphy, 2017; Kenny, 2006), the internal becoming external (Ahonen-Eerikainen, 2007; Austin, 2008; Bonny, 2002), as well as ritual and mythical expression (Bonny, 2002; Kenny, 2006) are present in the music therapy literature, only one published research study exists (O'Callaghan, 2008). In this study, O'Callaghan explored the therapeutic significance of lullaby and lament (termed "lullament,'' p. 97) in pediatric palliative care with families, highlighting the paradox of needing to be held and needing to cry out as family members experienced the loss of a loved one. This process may have implications in mental health care as a response to grief and could be expanded upon with further investigation of lament.

Personal Relationship to the Topic

Lament is a form of expression (Carlson, 2015; Sijakovic, 2011; Lament, n.d.) that makes intuitive sense to me. It is an outpouring of emotion without limits, which aims to embody the human experience. I value such a form of deeply felt expression on a

personal and collective level. In my own family, as in many others, there have been periods of suffering related to loss, including bereavement and other life events which could be considered disenfranchised grief experiences. Professionally, I have also witnessed and experienced the multi-faceted nature of grief in hospice settings, long-term care homes and community settings, including wellness programs for those with life limiting illness and my collaboration with grief networks in support of grieving families. These experiences heightened my sensitivity to recognizing the grief that was also present for those living with a mental illness when completing my graduate music therapy placement in a psychiatric day program. Examples of losses that may not have been met with a formal grief process within the context of this placement were shattered dreams, broken relationships, regrets and in some cases delayed/complicated grief in relation to death-related losses. A grief perspective seemed to contrast with the illness ideology and problem focused orientation that I perceived in this psychiatric setting (Rolvsjord, 2010). From my perspective, creative exploration and symbolic expression could have helped participants make sense of the grief related to these experiences.

This led me to reflect on how grieving is often conceptualized according to cultural norms that may not be helpful for persons who may need to grieve in their own way. Through systemic, relational and cultural observations, I have become increasingly aware of how western culture generally responds to those who are in pain. I noticed how difficult it was for many to sit in discomfort with others, quickly moving to the "quick fix" or "silver lining" mentality. In both my professional and familial experiences with grief, I have become aware of the grief process as a response to various life events and broader life themes. Awareness of some of my own grief experiences (that could be considered disenfranchised) has encouraged me to search for emotional, relational and spiritual meaning that accounts for the fullness of the human experience. It is with these experiences that I have embarked on a research project that considers the significance of lament in the context of disenfranchised grief and music therapy.

Assumptions

Although therapists seek to alleviate suffering, we cannot eliminate it (Gehart & McCollum, 2007; Kenny, 2006; Rolvsjord, 2010). I have entered into this research project with the belief that human suffering is universal and that there is a need to engage

in the pain of grief and loss in order to experience release from emotional suffering and for meaning to be restored or reformed. Therefore, I consider engagement in emotional experiences to be essential to the meaning-making process. This meaning-making process is a tenet of constructivism, in which one constructs their reality through their subjective experience (Hiller, 2016). Constructivism also accounts for the influence of cultural/social contexts on the process of interpretation. Since grieving is specific to inner experience and grief and mourning is the external representation of the loss, culture is a determinant in how and if one grieves a loss. This means that systems, and cultural rules/norms, all govern how grief is expressed externally. The social navigation of grief is assumed as an important aspect of the grief process, with culture influencing both the inner and outer experience of loss (Neimeyer, et al., 2014).

Statement of Purpose

The concept of re-claiming one's voice in music therapy has worked to promote social change (Pavlicevic & Ansdell, 2004; Hadley, 2006; Curtis, 2012; Boggan, Granzka Brain, & Candice, 2017) and address issues related to systemic oppression. Disenfranchised grief within the context of mental health care is a social issue in which grief is unacknowledged by systems, which may influence the service users' recognition of their own grief (Brinkmann, 2016; Doka, 2002; Kauffman, 2002; Young, et. al., 2004). The concept of disenfranchised grief has not been given much attention in the music therapy literature, and I argue that it is important to understand the needs of those affected by grief that goes unrecognized both by the person and the system. This includes better understanding the individual grief process and the resources/rituals needed to aid the grieving process. Lament, as both a ritualistic practice and a musical form (Sijakovic, 2011; Jones, 2007; Porter, 2013), was conceptualized as a music therapy process of meaning reconstruction in mental health care with adults experiencing disenfranchised grief.

Research Question

The primary research question of this study was "How might lament be conceptualized as a music therapy process of meaning reconstruction in mental health care with adults within experiencing disenfranchised grief?" The first subsidiary question was "According to the literature, what are the needs of adults experiencing mental health-

related disenfranchised grief?'' The second subsidiary question was "how might lament as a music therapy process of meaning reconstruction address these needs?" The third subsidiary question was "What music therapy theories/advanced methods and corresponding theoretical constructs would best support the conceptualization of lament as a music therapy process of meaning reconstruction with adults experiencing mental health-related disenfranchised grief, and why?"

Key terms

Lament. An outpouring of visible grief and anguish related to sorrow (Carlson, 2015; Sijakovic, 2011), "mourning or regret" (Lament, n.d.). Within opera, an articulation of mourning expressed through climactic emotional intensity surrounding tragedy (Bloechl, 2011). Within poetry and art songs, a narrative expression of loss (Suno-Koro, 2006).

Meaning reconstruction. A grief process that was developed into a model by Neimeyer (2001b), which involves the narration of grief and meaning negotiation. This may include the activity of making sense of loss through its individual, social and cultural representation.

Grief. "A deep and poignant distress" (Grief, n.d.) in response to loss (actual or symbolic).

Disenfranchised grief. A loss that is not recognized as legitimate, lacking social sanction and validation (Doka, 1989; 2002). This lack of recognition may occur on both a social and individual level. *Self-disenfranchised grief* (Doka, 1999) occurs when an individual detaches oneself from the recognition of their own grief.

Mental health care. An overarching term that relates to services that support the development of mental health and wellbeing within acute settings, community-based settings, and private clinics (McCaffrey, 2016).

Music therapy. A professional discipline that uses music and its elements within a therapeutic relationship to promote health, wellbeing and quality of life in individual, group and community settings (McCaffrey, 2016). Re-creative, improvisational, receptive and compositional music-based experiences (Bruscia, 2014) may be utilized to achieve individual or group aims related to these areas. Areas of focus may include self-expression, emotional modulation, and communication (McCaffrey, 2016).

Loss. The experience of "losing something or someone" (Loss, n.d.) that alters one's experience of reality (Murray, 2016).

Advanced Music Therapy Methods. A mode of practice which is informed by theoretical ideas, models and experiential data related to music and/or fieldwork (Cohen, 2018). Extensive training in these methods post master's results in a professional designation.

Theory. A group of ideas/constructs that relate to an overarching phenomenon (Cohen, 2018).

Summary of Chapters

This first chapter has explored the significance and relevance of working towards a conceptualization of lament as a music therapy process of meaning reconstruction in mental health care. Chapter 2 will discuss the rationale for selecting a philosophical inquiry methodology for this research study. The data collection and analysis procedures are also explicated. In Chapter 3, Canadian mental health care and related music therapy practices are reviewed. Chapter 4 conceptualizes grief in the experience of mental illness, discusses disenfranchised grief within medical systems and relays the tenets of a meaning reconstruction grief model (Neimeyer, 2001b). In Chapter 5, the phenomenon of lament is reviewed using culture specific examples and its relatedness to the meaning reconstruction grief model and the field of creative arts therapies is explored. Chapter 6 conceptualizes lament as a music therapy process of meaning reconstruction in mental health care with adults experiencing disenfranchised grief. Finally, Chapter 7 provides a discussion of the results, the limitations of this research, as well as areas for further research and theoretical development.

Chapter 2. Methodology

Design

This research used a philosophical inquiry methodology to answer the research questions identified above. This method involved gathering ideas and building concepts to further theoretical development (Aigen, 2005; Stige & Strand, 2016). Analysis and comparison of research findings, as well as completing a historical overview of practices was also part of this endeavour (Aigen, 2005). In a philosophical inquiry, the author takes a stance and argues for the value of something by relating and combining ideas in a variety of areas that support the claim. Stige and Strand (2016) present this research design as involving critical and innovative thought related to "knowledge, ethics and aesthetics in dialogue with sciences and various human practices" (para. 1, intro). Part of such critical thought may involve the consideration of current social or political issues that argue for the significance of the inquiry and suggest future directions for practice and research.

This design is suited to this research because it examines the presence of disenfranchised grief as one a social issue and explores the value of lament and grief processes in the context of music therapy in mental health care. This methodology asked questions such as: "how" or "why" (Aigen, 2005) and is the conceptualization of new ideas relevant to potential issues in present day society. It also considered how various "theoretical systems and comprehensive philosophical systems of thought" (Aigen, 2005, p. 530) are interrelated. Topics considered in this endeavour included current mental health care practices, grief theories, historical practices of lament, as well as music therapy theories and practices.

Delimitations

This research did not include participants. Therefore, the constructs were not supported by clinical evidence. The scope of this research was limited to adult populations experiencing disenfranchised grief in mental health care settings as portrayed in the literature and articles published solely in the English language. This research was also limited to three culturally specific iterations of lament, Greek lament, Biblical lament and Irish lament. The largest bodies of research were considered to be devoted to Greek lament and Biblical lament. All three traditions were viewed as compatible with the

meaning reconstruction grief theory, containing distinct yet related themes that were considered useful for the development of the research. In addition, the researcher felt the most culturally competent with these iterations of lament.

Materials

A notebook and binder were used to record the researcher's process, which included keeping track of emerging insights and connections between the different systems found in the analyzed sources. In addition, a computer was used to retrieve, store and record the emergent research process.

Data Collection Procedures

Literature pertaining to lament, music therapy, mental health care, disenfranchised grief and meaning reconstruction grief model was collected. Databases such as Google Scholar, ERIC, Proquest, PubMEd, and Concordia's Discovery Search were used to search for and obtain peer-reviewed articles, while the Concordia Library CLUES catalogue was used to identify relevant e-books and hard copy texts. Resources published in the last 20 years were reviewed, in addition to older seminal works related to the topic. The following search terms were used, in multiple combinations: concept key terms (such as "lament," "mental health care," "recovery," "recovery-oriented practice," "outpatient care," "inpatient care/acute care" "community music therapy," "grief," "disenfranchised grief," and its variants, "therapeutic process," "reconstructive process," "meaning reconstruction," "story," "narrative," "giving voice," "ritual," "lament," "Greek lament," "biblical lament," "Irish lament," "holistic process," as well as discipline key terms, such as "music therapy," "Psychotherapy," "expressive art therapies" and "creative art therapies"). Journal articles and electronic scans of book chapters were kept in folders on a computer, categorised based on their connection to either mental health care, grief, lament, and music therapy theory. Search history was saved when accessing articles, and was later recorded on an electronic document, according to discipline, concepts and theoretical orientations.

Hand-written thematic notes including bibliographic information (author/date/title), notes, themes, summaries, and quotes with page numbers were created for all relevant sources. These notes were organized in a binder with sections corresponding to the electronic folders. As relevant topics from the literature were further

clarified, irrelevant articles were excluded but kept in a folder in case they were pertinent at a later date. The final selection of relevant sources was based on meaning reconstruction as applicable to mental health care. Three theories/advanced methods in music therapy practice retrieved in data collection were deemed as most relevant to the developing argument: The Mythic Artery (Kenny 1982; 2006), The Bonny Method of Guided Imagery and Music (Bonny, 2002) and Vocal Psychotherapy (Austin, 2008). The theoretical constructs encompassed in these theories/advanced music therapy methods illustrated the significance and relevance of lament as a music therapy process of meaning reconstruction. To further reflect on the process, a journal was used to record personal thoughts and further ideas with the use of concept maps.

Data Analysis Procedures

To build arguments for the relevance of lament in music therapy, the characteristic procedures of the philosophy of "exposing and evaluating underlying assumptions" as well as "relating ideas as systematic theory" (Aigen, 2005, pp. 528-529) were used. The procedure of content analysis was used to carefully engage in a rearticulation of the selected articles/book chapters to form a new narrative (Ghetti & Keith, 2016) in order to answer the research questions. Inductive categories were used to make sense of the relevant manifest and latent content present in the selected sources. (Ghetti & Keith, 2016). Throughout the process, careful attention was given to the ways the researcher's own assumptions and experiences influenced understanding and interpretation. It is hoped that the researcher's reflexivity contributed to culturally sensitive and trustworthy findings.

Chapter 3: Mental Health Care and Music Therapy Practice

This chapter contextualizes mental health care in Canada and provides an overview of the role of music therapy services in mental health support across the country. A brief overview of the Canadian physical and mental health care systems is provided, including the view of health that informs these systems, and the resulting disenfranchisement and stigma. The benefits of the health care system in Canada and the reform initiatives that examined some of the barriers to access and quality of care are addressed. Then, the application of music therapy in mental health care is considered globally, identifying the diverse roles that music therapy professionals fulfill depending on level of care, the setting, and the philosophy of practice.

Health Care System in Canada

Canada follows a universal health care system, as reflected in the Health Care Act of 1984 (Government of Canada, n.d.; Valle, 2016). This means that medically necessary services are funded by the federal government under a system referred to as Medicare (Government of Canada, n.d.). The World Health Organization (WHO) states that universal health care involves the: "full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care" (WHO, 2019, para. 1).

Although universal health care minimizes financial stress related to health care needs, there are other areas that may not qualify as an essential need and thus require payment from the service user (Government of Canada, n.d.). These services may include specialized treatment programs, medication, dental work, and services from allied health professionals. These services may or may not be covered by insurance plans, which are sometimes provided by employers. Those who are not offered these plans may purchase their own insurance or pay directly for each service. Access to care for certain services may be limited as the result of several factors. These include socioeconomic status and insurance policies that limit or exclude certain services among each province/territory (Government of Canada, n.d.). In order to assess access to certain services across Canada, the organization of health care across the country will now be outlined.

Although the federal government sets national standards for health care, it is the responsibility of each province and territory to establish policies that relate to insurance plans, service delivery, and health promotion (Government of Canada, n.d.). Therefore, health care in Canada can differ according to geographic location, which can influence the integration of services across the country (Government of Canada, n.d.; Valle, 2016). The fragmentation of these health care services contributes to an uneven health care system in Canada as a whole (Valle, 2016). Moreover, there are two main systems of health care delivery, primary and secondary (Government of Canada, n.d.). Primary health care is normally the first point of contact. Care is received in clinics that provide comprehensive services related to a broad range of health-related needs. Medical doctors in primary care (often family doctors) authorize entrance to specialized services, making referrals and transferring care to secondary levels when necessary. Secondary services are delivered in the community, in hospitals, and in long-term care facilities (Government of Canada, n.d.). The next section addresses the provision of mental health care services specifically.

Mental Health Care in Canada

Mental health care is an overarching term that relates to services that support the development of mental health and wellbeing within acute settings, community-based settings, and private clinics (McCaffrey, 2016). These services vary depending on the level of care, as well as the expertise and philosophical orientation of service providers. Mental health care is an important aspect of Canada's health care system, since one in five Canadians experience a mental illness each year (Canadian Alliance on Mental Illness and Mental Health, 2016).

Views of mental health informing service provision. The label of mental illness is part of a medicalized framework that recognizes and categorizes dysfunction, indicating a deviation from the norm in health, wellbeing and societal engagement (Heller & Gitterman, 2011). Mental illness labels (diagnoses), which offer a common language/meaning system for and between professionals, have been helpful in deciding and providing appropriate care to individuals; planning, conducting, and disseminating research; and developing and prescribing medication (Cooper, 2014). However, diagnostic manuals have relied on social constructions that are based on dominant

cultural and social norms (Heller & Gitterman, 2011). While cross-cultural considerations are being addressed and considered more and more in both research and diagnostic practices (the emergence of the field of cross-cultural psychiatry is a good example of this), there is a lasting legacy of oppressive labels and norms which affects certain groups more than others based on their specific intersectionalities (Heller & Gitterman, 2011). Fortunately, mental illness and mental health are increasingly being conceptualized on a continuum, rather than as opposite categories (for example, mental health meaning the absence of mental illness; Rolvsjord, 2010). With this in mind, we will now outline barriers to receiving mental health support in Canada, as well as mental health reforms that are being suggested to address these obstacles.

Access to mental health care. In this section, financial, organizational, and societal barriers and associated reforms are addressed. Then, a recovery orientation to mental health care in Canada is presented as a paradigm shift which could improve access to and quality of care. Music therapy services will later be conceptualized within this recovery orientation.

Financial barriers. Despite the number of people experiencing mental illnesses in Canada, mental health care is considered one of the most underfunded areas of the health care system (MHCC, 2012; CAMIMH, 2016). This insufficient funding impacts the quality of mental health programs in terms of service development, access to resources, and the availability of mental health professionals (MHN, 2016). This can delay access to services because of long waiting lists, potentially producing higher risk for those in need of immediate support (MHCC, 2012). These services can also prevent access based on specific criteria of inclusion. Public funding is allotted to services in hospitals and mental health centers, but funding is limited for alternative means of supports in the community, such as private therapy sessions (MHCC, 2012). One may be disadvantaged if they do not have an insurance plan that covers additional services and direct payment is required. This may diminish the likelihood of accessing supports when needed. Even with insurance plans, coverage may include specific criteria that limits the type of service and/or the length of care (MHCC, 2012).

Organizational barriers. Another area that has been identified as a priority for mental health reform in Canada is the difficulty of navigating the system, creating

barriers in locating and therefore accessing services. Mental health care reform outlined by the MHCC (2012) have identified both the fragmentation of the system and the poor integration of services. Fragmented services are related to the organization of the overall system, making it difficult for service users to locate mental health supports. The integration of services relates to continuity of care and communication between mental health professionals among the levels/settings of mental health care. Integration improves and ensures that services users are provided with support for the duration of their recovery. Mental health care may be received in three main settings: primary health care centers, community-based agencies, and acute and specialized care (CAMIMH, 2016). Those with severe and immediate needs may require acute care, although extended admissions are avoided due to the high cost and the potential harm associated with prolonged hospitalization (MHN, 2016). Since the recovery process is ongoing, particularly following periods in acute care, coordination among service providers is essential to ongoing and individualized support (MHCC, 2012). The next significant barriers to be discussed are stigma and discrimination, which influence both the likelihood of accessing services and the process of developing good health and wellbeing as part of recovery (Arboleda-Florez & Stuart, 2012, MHCC, 2009).

Systemic societal barriers: Stigma and discrimination. Mental illness effects one in four people worldwide, thereby having a significant effect on every nation (WHO, 2001). Despite this worldwide prevalence, stigma around and discrimination of this group is a pervasive societal issue (WHO, 2001). Sixty percent of those who experience mental health distress do not seek support because of the label associated with diagnosis (MHCC, n.d.). Stigma occurs when a group of people are judged on the basis of a negative belief or attitude (MHCC, 2009). This commonly stems from lack of information. The action of this prejudice is considered discrimination (MHCC, 2009). These actions may involve poor and unjust treatment on the basis of mental illness (MHCC, 2009). This can occur on both a personal level (direct social contact) and a structural level (built into policy or laws, or reflected in institutions/systems; Arboleda-Florez & Stuart, 2012). Aroboleda-Florez and Stuart (2012) propose that the presence of stigma can become a form of social oppression, which involves the suppression of human

rights. This has led to research that suggests the importance of stigma discourse structured by human rights models (Arboleda-Florez & Stuart, 2012).

Awareness of stigma and resulting discrimination has been growing due to reform and campaign initiatives that educate the public surrounding mental illness. Stigma is mentioned in the reform goals presented by the MHCC (2009; 2012), whose anti-stigma campaign, *Opening Minds*, began in 2009. This involved partnership with organizations that address stigma in the delivery of programs in four areas: health care providers, youth 12-18, the workforce, and the media (MHCC, n.d.). Apart from the MHCC, the *Bell Let's Talk* campaign, which is an initiative of the Canadian telecommunication agency Bell, sought to spread awareness and normalize the presence of mental illness among the public through televised commercials and online content (Bell Let's Talk, 2020).

Research in the area of stigma and discrimination has also revealed its systemic presence in the delivery of mental health services. Arboleda and Stuart (2012) found that some service users experienced a lack of dignity and respect in the way that they were treated by mental health professionals. They often felt like the diagnosis label had a significant impact on their care, and that personal strengths and needs were not accounted for (Arboleda-Florez & Stuart, 2012). This resulted in service users feeling like they had been reduced to their diagnosis, rather than being viewed as whole and complex beings. This very concern was expressed by service users in the 1980s in response to the dominance of the medical model (McCaffrey, 2016; Piat & Sabetti, 2012). Silverman, 2015), which led to the development of a recovery orientation. This shift considered the needs of service users to include opportunities for involvement in recovery, fostering "empowerment" and "self-determination" (Piat & Sabetti, 2012, p. 20). This orientation informs practice throughout Canada and is outlined as the overall value of mental health care by the MHCC (2009, 2012), although it is implemented to varying degrees across provinces and territories (Piat & Sabetti, 2012).

Recovery-oriented mental health care. Recovery orientations suggest that there is an individual path to healing informed by one's lived experience and agency throughout the therapeutic process (MHCC, 2009, 2012; Solli, Rolvsjord, & Borg, 2013). The MHCC (2012) outline the values of recovery orientation as "hope, empowerment, self-determination, and responsibility" (p. 16). Recovery is not defined as the absence of

mental illness but instead as a re-affirmed sense of meaning, purpose, hope and identity (MHCC, 2009, 2012; Piat & Sabetti, 2012). Development in these areas is thought to promote a greater feeling of control/order in one's life, resulting in improved functioning (MHCC, 2009, 2012; Piat & Sabetti, 2012).

Critiques of the recovery orientation suggest the need to address the broader implications in society and the policies that reinforce the individual's journey of recovery (Piat & Sabetti, 2012). For example, the social context of marginalization is an external factor that should be considered in the process of gaining and maintaining empowerment. This inequity also occurs in a political context, which suggests the need for policy reform that reduces disadvantage and promotes "social equality" (Piat & Sabetti, 2012, p. 21). These considerations extend the implementation of recovery orientation to a contextual view that promotes social change and compliments the navigation of recovery on a personal level.

So far, this chapter has outlined the health care system in Canada, with specific attention to mental health care and the possible layers of inequity that can impact quality of care. The next section of this chapter will review the presence of music therapy as a vehicle via which to explore the individual narrative of recovery and in some contexts, the collective narrative that promotes social change.

Music Therapy and Mental Health Care

Since the mid-twentieth century, music therapy has been a modality in mental health care used to promote wellbeing, enhance quality of life and support personal growth (McCaffrey, 2016; Eyre, 2013b). A focal point of music therapy practice in mental health care is the utilization of creative expression in which one recognizes their inner resources and the potential for self-healing (Eyre, 2013b). Music offers a mode of self-expression and provides non-verbal pathways of relating to oneself and to others in group and individual settings (Eyre, 2013b; McCaffrey, 2016). Music therapy is used in community settings, wellness programs, in hospitals, day programs, and in private practice, just to name a few. Music therapy services are tailored to individual needs and takes into consideration the settings in which services are provided (McCaffrey, 2016).

There are two primary levels of mental health care where music therapy services are offered: inpatient care, and outpatient care (Cigna Behavioural Health Inc., 2011),

which includes community-based programs. Inpatient care in a hospital setting is offered 24 hours a day to assist those with acute needs who require monitoring from medical professionals. Allied health professionals are also utilized in this setting, providing access to a range of therapeutic services (Cigna Behavioural Health Inc, 2011). These services are normally brief in length and have an overarching aim of stabilization (Silverman, 2015). When deemed appropriate, the service users are transferred to outpatient care. Outpatient care may include "routine outpatient care" or "intensive outpatient care" (Cigna Behavioural Health Inc., 2011). Routine care can involve continued monitoring of medication and continued support in individual and group therapy. Entrance into outpatient care, however, does not require a preceding admission to an in-patient unit. Intensive outpatient care can involve support in a day program, where three to five hours of therapy across modalities is provided throughout the week over a set (or estimated) period of time. Music therapy can also take place in community-based programs are separate from hospital settings (Cigna Behavioural Health Inc, 2011).

Depending on the level of care an individual is receiving, their needs and resources may vary greatly. Service delivery may differ accordingly, and diverse methods and approaches may be utilized based on the music therapist's and support team's evaluation (Eyre, 2013a, 2013b). The first setting that will be reviewed is music therapy in acute care, followed by music therapy in outpatient settings.

Inpatient care and music therapy. The goals of music therapy in acute care are to provide an environment of safety and support, to promote participation in therapeutic activity, to foster wellbeing and quality of life, and to reinforce prevention of relapse (Carr, Miller & Priebe, 2013; Silverman, 2013, 2015, 2019). Time-limited approaches have become essential in acute care due to increasingly brief hospital admissions (Silverman, 2013, 2015, 2019). In both individual and group contexts, music therapy can be used to respond to needs in the moment related to anxiety, reality orientation, and emotional regulation (Carr, et. al., 2013). Methods may be receptive (music listening, either live or recorded), vocal or instrumental improvisation (most often structured, with set guidelines), re-creative (playing/singing preferred pre-composed music), and compositional (writing original music; Carr et al., 2013; Silverman, 2015).

Music therapy and psychoeducation. Silverman's (2013; 2015; 2019) research reflects the growing need for time-limited, cost-effective, and evidence-based standards in acute care. His research has considered various formats, including group music therapy and single session models that address these requirements (Silverman, 2013; 2019). In the context of acute care, Silverman (2015) favors a re-educative focus where music is used as structure to support life skills development (Wheeler, 1987). His approach, known as "educational music therapy for illness management and recovery (EMIR)" (Silverman, 2019, p. 42), focuses on psychoeducation goals and is implemented with both individuals and groups. Whereas in the past, symptom reduction has been a focus in music therapy practice in mental health care, this approach is centered on a symptom management framework (although symptom reduction may continue to be a by-product). EMIR is designed to aid in the development of skills related to coping, behaviour, and concerns, such as self-stigma, that help to prevent relapse (Silverman, 2015). Methods may include song writing (Silverman, 2013, 2015), lyric analysis (Silverman, 2016) and structured music improvisation (Silverman, 2015). Another approach studied in the acute care setting has been recreational music therapy, which aims to enhance short term wellbeing, and promote participation in therapeutic programming (Silverman, 2019). Common methods include applying music to games in a group environment, such as the use of "music bingo" (Silverman, 2019, p. 139). Where Silverman (2015) has been influential in the development of techniques in the area of acute care and psychoeducation, other music therapy researchers in mental health care have been devoted to Resource-Oriented Music Therapy (Rolvsjord, 2010), person-centered approaches and recovery-oriented practice, and Community Music Therapy (Stige & Aarø, 2012). These areas will now be discussed in the context of outpatient settings.

Music therapy and outpatient settings. Since the development of recovery orientations in the 1980s and medical advancement improving stabilization with psychopharmacology, mental health care has grown in community settings, becoming largely de-institutionalized (Gold et al., 2013; McCaffrey, 2016; Eyre, 2013a; Chhina, 2004). The needs of individuals receiving care in outpatient settings varies, since some may be transferring from an inpatient unit while others may be receiving support for chronic mental illness intermittently in outpatient settings only (Eyre, 2013a). Individual

music therapy and group music therapy may be received in various outpatient settings, including intensive day programs, weekly programs, or community programs (Cigna, Behavioural Health Inc, 2011). Music therapy may address emotional, psychological, social, cognitive, behavioural and spiritual areas (Kwan & Clift, 2018). It may support the development of inner resources necessary for navigating the challenges associated with mental illness, and it may help strengthen the connection with oneself and to others, while also instilling hope (Eyre, 2013a, 2013b; Rolvsjord, 2010).

Resource-Oriented Music Therapy. Music therapy in outpatient care has been studied in specific contexts, such as group music therapy (Grocke, Bloch, & Castle, 2008, 2009) and individual music therapy for those displaying "low therapy motivation" (Gold et al., 2013, p. 319). Music therapy research for severe and enduring mental illness involved aims related to quality of life, social anxiety, and symptom improvement using methods of songwriting, and instrumental improvisation (Grocke et al., 2009). Gold et al. (2013) examined the efficacy of Resource- Oriented Music Therapy as an approach with individuals with low therapy motivation. Participants in this study were drawn from inpatient, day patient, and outpatient settings. Music was effective for those with "low therapy motivation" (p. 319) as it offered a new way of being and relating to others (Gold et al., 2013).

Resource-Oriented Music Therapy is a common orientation in mental health care across levels of mental health services, such as acute care, outpatient care and community-based services (Grocke, 2009; Gold et al., 2013). It is informed by the philosophy of empowerment, positive psychology and contextual frameworks (Rolvsjord, 2010). The music therapy environment is intended to nurture the development of "strengths and potentials" (Gold et al., 2013, p. 320). These capacities are recognized and utilized as part of the therapeutic process, countering problem-focused perspectives (Rolvsjord, 2010; Gold et. al., 2013). A resource-oriented approach supports the individuals and their unique use of music in the support of their quality of life, health and wellbeing (Rolvsjord, 2010). Music engagement is an intrinsically motivating expression, since it is an innate source of communication (Gold et al., 2013).

Person-centered approaches and recovery-oriented practice. A person-centered approach to music therapy in mental care involves interactive musical processes, which

offer experiences that reinforce one's individuality in the face of illness (Chinna, 2004). Taking into account participants' surrounding contexts and cultures, the music therapist engages in assessment, care planning, and evaluation to determine the unique methods that will support personal development and psychosocial rehabilitation. Since Chinna's (2004) development towards a person-centered music therapy model, several music therapists have studied and practiced from a recovery-oriented framework, which has grown in popularity across the world (McCaffrey, Edwards, & Fannon, 2011; Solli, Rolvsjord, & Borg, 2013). Like the person-centered approach, the aims of a recovery orientation in music therapy are to assist with one's development of meaning, hope, purpose and identity (McCaffrey, et al., 2011; MHCC, 2009, 2012; Solli et al., 2013). This orientation is applied in a variety of settings, including individual music therapy, group music therapy, and more informal community settings (Solli, et al., 2013). Both recovery-oriented and resource-oriented approaches promote choice, collaboration, equity and empowerment (McCaffrey, et al., 2011; MHCC, 2009, 2012; Rolvsjord, 2010; Solli, et al., 2013).

Methods that promote active participation (where the client's voice may be exercised) and a collaborative process of navigating recovery are utilized in recovery-oriented practice (McCaffrey, et al., 2011; Solli et al., 2013). With the agent of music, new ways of being may be explored (McCaffrey, et al., 2011; Solli et al., 2013). Music experiences may offer a vehicle to navigate one's recovery, including playing/singing familiar songs based on client choice or preference and improvisation experiences that foster communication (McCaffrey, et al., 2011; Solli et al., 2013). Moreover, music engagement may promote novel experiences that reinforce the capacity to experience emotions in constructive and meaningful ways. For example, Solli et al. (2013) found that among the experiences of music therapy participants were feelings of "pleasure," "joy," "freedom," "relaxation," "hope" and "motivation." (pp. 255-256). Those who have a meaningful history with music may also begin to re-invest in positive personal narratives, which may improve self-esteem, or be utilized to give further shape to identity in recovery (Soli et al., 2013).

Recovery involves both individual process and social process (McCaffrey, et. al., 2011; Solli, et al., 2013). As stated previously, recovery-oriented practice occurs in a

variety of settings, one of these being group settings. Groups may be facilitated in a variety of formats, ranging from formal/goal-oriented music therapy groups, to community music groups such as a choirs or bands (which remains to be facilitated by trained music therapists; Solli, et al., 2013). Improvisational methods in groups, can parallel verbal language, with functions of "initiation, listening and responding" (McCaffrey, et al., 2011, p. 189). Music in group settings may also provide the experiences of being with others (Solli, et al., 2013). In both areas, music may be utilized as form of collective unity, promoting feelings of "belonging and relatedness," "teamwork," and "social participation" (Solli et al., 2013, p. 257). The potential of communal music expression to bring others together has been conceptualized into an approach, known as Community Music Therapy, which is used in mental health care and other settings.

Community Music Therapy. Community Music Therapy considers music as an agent for collective growth, in which health and wellbeing is mentored at both the personal and communal levels (Stige & Aarø, 2012). Music facilitated in community settings may or may not adhere to a community music therapy ethos as engagement in music is inherently social and has been used to build community across social and cultural settings throughout history (Trondalen & Bronde, 2012). Music is an activity that can be a vehicle for inclusion and participation (Stige & Aarø, 2012). This is deemed significant for several groups, specifically those marginalized and with few opportunities to have their voices heard. Community Music Therapy can be described as "psychosocialcultural" (Ansdell & DeNora, 2012, para. 5) and is concerned with health and wellbeing from a contextual and situational perspective rather than a medical framework (Trondalen & Bronde, 2012). Community Music Therapy promotes the construction of a collective narrative, empowering individuals as well as a community to engage in social action (Murray & Lamon, 2012). This is intended to facilitate social mobilization, the sharing of resources and broadened social networks beneficial in recovery (Murray & Lamont, 2012). Therefore, Community Music Therapy considers the systemic issues of mental illness that lead to marginalization, inequity, and disenfranchisement and provides access to community spaces through music participation (Murray & Lamont, 2012).

Music therapy in the transition between levels of care. This review has considered music therapy as part of inpatient care and outpatient care in a variety of contexts. Music therapists work across these settings, which can promote integration and continuity of services among the levels of mental health care. The Community Music Therapy research project BRIGHT (named after the Borough Centre for Rehabilitation, Interaction, Group Activity, Hospitality and Training located in the UK; Ansdell & DeNora, 2012) is an example of this integration. Coordination was achieved between the acute setting and a community-based day centre. Group music therapy was run in the day centre café each week, blending formats of an open mic and music therapy session for two-hour music therapy sessions. This group was open to public as well as those in recovery. This group evolved between 2005 and 2012 and involved various types of music-making activities, such as individual and group singing, improvisation, dancing, and birthday/holiday celebrations. With the addition of a co-therapist who worked in the partnering acute care setting, support in the transition from acute care to the community-based setting, was provided (Ansdell & DeNora, 2012).

At this point, common approaches in music therapy practice and mental health care have been outlined. As this chapter concludes, grief process in the context of this review will be introduced as an area for consideration in mental health care, addressing a potential layer of disenfranchisement in the mental illness experience and associated recovery process.

Grief Process in the Context of Recovery

Stigma and discrimination are significant issues for those experiencing mental illness. Stigma and discrimination are built into systems and policy, and they can disadvantage those experiencing mental illness and their prospective recovery. Disenfranchisement, social oppression, and marginalization have been identified as products of stigma and discrimination which are supported by the illness ideology present in many strata of the health care systems. Resource-Oriented Music Therapy, recovery-oriented practice, and Community Music Therapy address areas of inequity in the values and methods adopted. This research also partly focuses on inequity, by exploring disenfranchised grief, as it is experienced within mental illness. Silverman's (2015) research in acute mental health care reflects the recent shift of focus in music therapy

practice from symptom reduction to illness management, where by symptoms are now sought to be managed rather than reduced. This research takes an opposing stance, highlighting the significance of exploration of symptoms, since they may symbolize grief that has not been voiced. Making sense of these symptoms and their connection to grief may lead to a greater understanding of one's distress. One of the aims presented in recovery orientations is the development of meaning, which provides a greater sense of control (along with hope, purpose, and identity). This research will continue to argue that the development of meaning, may first be generated from the pain of grief itself as a central element of recovery process.

Conclusion

This chapter has provided a brief outline of the Canadian health care system with specific attention to mental health care, reform initiatives and the systemic realities of stigma and discrimination. This led to the presentation of human rights agendas in Canada with recovery orientation as best practice. The second half of this chapter reviewed the application of music therapy and common approaches in inpatient and outpatient care settings. The main models/approaches addressed included educational music therapy for illness management and recovery (EMIR; Silverman, 2013, 2015, 2019), Resource-Oriented Music Therapy (Gold et al., 2014; Rolvsjord, 2010), music therapy in recovery-oriented practice (McCaffrey, et al., 2015; Solli et al., 2014), and Community Music Therapy (Stige & Aarø, 2012). This paper will now examine mental illness as interconnected with grief, where a process of acknowledging and giving voice to grief could be relevant to recovery. Before the significance of lament is introduced, disenfranchised grief in the context of mental illness will be analyzed, along with a meaning reconstruction grief model that will be utilized in the remainder of this research.

Chapter 4. The Relevance of Grief in Mental Health Care

In this chapter, the concepts of grief and loss are considered in relation to the psychological distress of those living with mental illness. Disenfranchised grief is reviewed and examined in the context of mental health. A meaning reconstruction grief model is then introduced and linked with creative/expressive discourse relevant to lament and music therapy practice.

Variations in Grief and Loss

Grief is most often considered in the context of death. This is a tangible loss that is well documented in the literature, accompanied by theories that outline the process of grieving (e.g., Freud, 1914; Murray, 2016; Walter & Loyld, 2014; Worden, 2009). However, there are several variations of loss that are unrelated to death and can instead be characterized as a "living loss" (Roos, 2002, p. 17). Two examples of loss that are unrelated to death, are ambiguous loss (Boss, 1999) and chronic sorrow (Roos, 2002). In ambiguous loss, individuals may grieve the physical or psychological change in a loved one as a metaphoric loss (primarily researched in the context of dementia; Boss, 1999) and in chronic sorrow, loss is ongoing and experienced in recurring periods throughout life (researched in parents of children with disabilities and individuals who develop chronic illnesses or disabilities; Roos, 2002). These losses, although unrelated to death, require a process that makes sense of these altered realities or shifted external circumstances (Neimeyer, 2001b).

Using this framework, mental illness can be categorized as a "living loss" (Roos, 2002, p. 17). In some instances, changes in mental state that alters one's experience of being in the world may be experienced as loss and generate grief. This change may be beyond one's control, heightening feelings of powerlessness and vulnerability (Levine, 1999, 2005). One's sense of self, worldview, and future trajectory may also shift, which can produce chaos and confusion (Bowman, 1999; Levine, 1999, 2005). Present experiences of grief may also be connected to narratives that have yet to be told and named as grief (Young, et al., 2004). This could involve experiences related to regret, disappointment, and shattered dreams (Bowman, 1999). Childhood experiences of emotional/physical trauma and/or "unmet dependency needs" (Austin, 2008, p. 64) related to insecure attachments may be other examples of grief that has not been fully

processed. This grief may be buried in the self and revealed in psychic distress (Austin, 2008).

All of the areas presented thus far represent grief narratives that may be unacknowledged and unrecognized as loss. If there is loss, there is grief, and if there is grief, there must be a process of grieving (Kauffman, 2002). Grief, however, is a culturally defined expression (Doka, 2002; Neimeyer, et al., 2014), which can create several instances of disenfranchised grief when the person's grief experience diverge from what is culturally accepted.

Contextualizing Disenfranchised Grief in Mental Health Care

Disenfranchisement and the influence of culture. To be disenfranchised is similar to being oppressed, where someone is "deprived of some right, privilege or immunity" (Disenfranchised, n.d.). In the case of disenfranchised grief, there is lack of social recognition and/or validation of loss that provides one with a "right to grieve" (Doka, 2002, p. 5). The parameters of how one should grief are uniquely realized within each culture, determining which losses are legitimate, who may grieve, and influencing the governance of its expression. When grief is not recognized as being valid because of cultural norms, a griever may not benefit from rituals that provide social acknowledgement of the loss, or modes of containing/expressing the loss (Doka, 2002; Neimeyer, et. al., 2014). Grief may then be restricted rather than released, without means of symbolization or social acknowledgment (Doka, 2002; Dominguez, 2018). This "social disenfranchisement" (Kauffman, 2002, p. 61) may also impact one's own relationship to their grief.

Self-disenfranchised grief. As a result of this disenfranchisement, grief may remain without a voice and can be trapped in the self without the external resources to discover it (Austin, 2008). Disenfranchisement may also occur as part of one's own avoidance, termed "self-disenfranchised grief" by Kauffman (1989, 2002, p. 61). One is both disenfranchised and "disenfranchising" (Kauffman, 2002, p. 61). When societal constructs deem grief to be invalid, it may be internalized, and the acknowledgement of grief is blocked. Further, feelings of grief may be masked by shame, which may draw one further away from others and may result in one being stuck within an inner conflict of unprocessed grief (Kauffman, 2002).

The presence of self-disenfranchised grief from the above conceptualization may be common in mental illness and as a result needs recognition in mental health care. Using the example of depression, Worden (2009) explains that depression is grief turned inward. The self, rather than the world, is thus the object of distress. Worden (2009) states that in the case of grief, the "world looks poor and empty, while in depression, the person feels poor and empty" (p. 32). However, with the supporting argument of self-disenfranchised grief, these concepts can be viewed as interrelated. Depression in this context becomes the protective layer that delays recognition of grief, leaving one in a state of inaction rather than action (Worden, 2009). Since grief is rarely discussed in the context of mental health care, despite it being inter-connected with pain and suffering, (Bowman, 1999; Young, et. al., 2004), disenfranchised grief in the context of the dominant discourse in mental health care will now be considered.

Disenfranchised grief and illness ideology. This research considers disenfranchised grief in the experience of mental illness and, by extension, the mental health care system. Grief is less likely to be recognized if one's illness is viewed before their person. This is referred to as "illness ideology" and it is present in the medical model (Rolvsjord, 2010). Although the medical model can be an effective tool to recognize the etiology of a disorder and the common presentation of symptoms, there is the potential for this to supersede the acknowledgement of a person's story and the meaning of such pathology. Additionally, the medical professional in this context is viewed as a powerful figure who can resolve problems and provide solutions (Rolvsjord, 2010). This may impact one's self-agency in the healing process and generate feelings of "powerlessness, helplessness and vulnerability" (Rolvsjord, 2010, p. 23). Clinical professionals, however, can be validating agents for grief, aiding in the acknowledgment and process of grieving. This chapter will now shift to a theoretical view of grief process, outlining both its evolution, and a model that may be particularly effective in the context of disenfranchised grief and mental illness.

Meaning Reconstruction Grief Model

The development towards reconstruction models. Grieving has been widely acknowledged as containing a series of stages or tasks based on its early conceptualizations. One of these theories involves five stages of grief as outlined by

Kubler-Ross (1969): denial and isolation, anger, bargaining, depression, and acceptance. This involves the use of a psychodynamic frame and emphasizes grief recovery/resolution as the focus of the theory (Neimeyer, 2001a). Literature has also delineated between normative grief and pathological grief, as well as complicated and uncomplicated grief (Neimeyer, 2001a), as determined by the theories of universal grief progression. This suggests that all individuals and cultures grieve in roughly the same way and order. Theories evolving over the twenty-first century account for grief as an overarching process of reconstruction, rather than sequential and universal states of adaption. Instead of categorizing grief responses, these perspectives suggest that "symptoms have significance" (Neimeyer, 2001a, p. 4) and when they are engaged/explored, there is the possibility of "post-traumatic growth" (p. 4). Post-traumatic growth indicates that the pain of loss is not separated from but connected to the healing process. The impact of loss and reconstruction in adaption to the loss is thus unique. These perspectives also suggest that the layers of cultural, familial and social contexts differentiate one grief experience from the next (Neimeyer, 2001a). These areas are of significance and will be further expanded upon in the presentation of Neimeyer's (2001) meaning reconstruction grief model.

The main features of the model. The model of meaning reconstruction identifies "grieving as a process of re-affirming or re-constructing a world of meaning that has been challenged by loss" (Neimeyer & Thompson, 2014, p. 4). Grief is meant to be processed and organized through its narration (Neimeyer, 2001b). This is viewed in the frame of one's broader self-narrative as grief and its impact on one's self-definition and their surrounding world is processed (Neimeyer, 2016). An evolutionary epistemology indicates that one's self-narrative may shift across one's lifespan and in relation to major life events (Neimeyer, 2001b; 2016). These shifts are further defined/explored in the social world (Neimeyer, 2001b; Neimeyer et al., 2014). Such considerations situate this grief model with the frame of a constructivist metatheory (Neimeyer, 2001b). From this vantage point, the development of meaning is an individual construction but is also negotiated with the participation and affirmation of others (Neimeyer, 2001b). Although grieving remains individual, it is not seen as a private process. Others are needed to validate and respond to grief narratives and affirm one's re-constructed self and

worldview post-loss (Attig, 2001; Neimeyer, 2001b). Thus, loss is grieved when one's internal world becomes externalized so that grief and its meaning can be known to oneself and to the others that participate in its reconstruction (Neimeyer, 2001b; Neimeyer, et al., 2014). Making sense of the internal world of grief in the context of others is one of the main processes of meaning reconstruction.

Making sense. Suffering linked to grief and loss is partly related to the lack of an ordered understanding of loss and its meaning (Neimeyer, 2001b). Attig (2001) refers to this as the "loss of wholeness" (p. 36), where meaning has disintegrated, creating experiences of chaos or confusion. The research of Neimeyer et al. (2014) research suggests that a "spiritual struggle or crisis" (p. 68) may be a common feature of the grief response, especially when loss was considered incomprehensible. Thus, a process is required to make sense of the loss and its impact on one's sense of self and worldview (Attig, 2001; Neimeyer, 2001b; Neimeyer, et al., 2014).

The main effort in sense-making is rendering the loss "comprehensible" (Neimeyer, et al., p. 487) by asking questions such as "how?" and "why?". The construction of meaning as considered in this model takes place within a system of "global meanings" (p. 490) that differs according to the person and their particular beliefs/values. These global meanings may involve overarching cultural, religious or, familial frameworks. These meanings may offer a system to "assimilate" or provide "accommodation" (p. 490) or alternatively, these beliefs/values may generate dissonance that require re-negotiation. From the perspective of sense-making, confusion may be engaged in order to generate meaning and deepen understanding of distress (Neimeyer, et al., 2014). As referenced earlier, this is what is considered post-traumatic growth, where making sense of the loss deepens one's understanding of oneself (Neimeyer, et al., 2014).

Shaping the narrative. Meaning reconstruction in this model is intended to lead to "reaffirmation, repair and revision" (Neimeyer, 2001b, p. 63). One of the processes involved in these aims is the integration of the grief story into the broader life narrative, including one's understanding of the past, present and future. Loss shifts one's understanding of the whole, which is re-built through the process of grieving (Attig, 2001). Constructs for this activity include the "event story" and the "back story" (Neimeyer, et al., 2014, p. 489). The event story is specific to the loss, questioning

why/how it occurred, and the back story explores how the past can be re-connected to the present and the narrative as a whole.

Two types of meaning reconstruction. There are two types of meaning reconstruction that are reflected in this grief model, the first is meaning "making" and the second is meaning "finding" (Attig, 2001, p. 34). Meaning "making" embodies the actions of grief, such as the revision of the life narrative and one's sense of self. It is thus "deliberate" and "self-consciously active" (Attig, 2001, p. 34). Alternatively, meaning "finding" is the result of a "more passive or receptive" (p. 34) process. Meaning, instead of being actively asserted and ordered in one's life narrative, arises through one's grieving. This meaning is separate from analysis and is instead experienced. It may be recognized in the external or re-discovered in something forgotten. It is through both meaning-making and meaning-finding, that there may be a deepened understanding of one's "place in the larger scheme of things" (Attig, 2001, p. 34). These areas indicate that there are internal, external, and universal patterns of meaning reconstruction. One searches the internal representations of grief in the self, makes it known to oneself and others in the external, and contextualizes in within a broader lens of universal significance (Attig, 2001; Neimeyer, 2001b).

Meaning reconstruction and creative process as grief discourse. This grief model in particular supports the argument of disenfranchised grief for those living with a mental illness. As one recognizes grief and re-constructs meaning, there is the need for others to affirm grief narratives and systems to find meaning. A platform for this type of grief discourse is encouraged by Neimeyer (2001b). The creative/expressive art therapies may be relevant platform /discourse since it provides a mode of externalizing the internal. Creative expression provides symbols that may surpass what words can communicate (Neimeyer & Thompson, 2014), and extend the process of making meaning to one of both meaning- making and meaning-finding. Historically, the arts were used as a grief discourse and a process of meaning reconstruction (Levine, 1999, 2005). Narrative was built through artistic expression, navigated both individually and collectively (Brueggemann, 2005; Carlson, 2015; Sijkakovic, 2011; Porter, 2013). The next chapter will provide examples of this process in historic traditions of lament.

Conclusion

This chapter has conceptualized grief in relation to the experiences of those living with a mental illness. Disenfranchised grief was described as loss that is unacknowledged by both culture and the individual, and perpetuated within mental health care systems. The tenets of Neimeyer's (2001b) grief model of meaning reconstruction were described and contextualized in relation to disenfranchised grief. It was argued that this grief model is particularly well suited to inform the clinical practice of therapists working with individuals who are living with mental illness and experiencing disenfranchised grief. Next, lament as an artistic psychosocial and cultural expression of grief will be examined.

Chapter 5. Lament as a Meaning Reconstruction Process

Thus far, this paper has described how engaging in a grieving process may be particularly valuable for persons experiencing mental illness, partnered with various types of loss. In exposing the theory of disenfranchised grief, the importance of grief's social dimensions was explored. Having one's story heard also emerged as a central process in meaning reconstruction, a grief model (Neimeyer, 2001b) that is of particular relevance in mental health care. Lament has historically been used across cultures to narrate grief. In this chapter, it is argued that lament may be viewed as an artistic reconstructive process. This hypothesis is explored through three culturally specific examples of lament. After *lament* as a term is introduced, constructionist and social constructionist arguments reflected in elements of Greek lament, Irish lament and Biblical lament will be discussed.

Lament Terminology

Throughout history, lament has told a story of grief. These narratives were formed in the context of death, war, trauma and displacement (Alexiou, 1974; Carlson, 2015; Porter, 2013; Sijakovic, 2011). Lament as a term describes an outward expression of grief (Lament, n.d.). This is reflected in its definition "to mourn aloud" (Lament, n.d.), which references "sorrow," "regret," and "complaint" (Lament, n.d.). The term lament implies that grief is communicated as a demonstration or performance, thus giving a platform for mourning to be a public act for others to participate within (Lament, n.d.). Other related terms include "dirge" or "elegy," which also utilize the lament form through music, song and poetry (Lament, n.d.). Many of these defining features of lament will be further examined within particular historical/cultural contexts.

Contextualizing Lament in Historical Periods

Each example of lament presented in this chapter illustrates a grief response that is situated in historical context. Lament in Ancient Greece was performed as a death ritual that began in the pre-classical period, and is among the earliest of iterations (Alexiou, 1974; Sijakovic, 2011). The tradition of lament in Ancient Greece was also influenced by the culture of the arts, involving the literary tradition of Greek tragedy (Segal, 1993; Sijakovic, 2011). This expression of grief involved storytelling exemplified by choral and solo laments that framed a story of loss (Segal, 1993). As well as

functioning as a death ritual and a component of Greek tragedy, lament was also used in reference to the "fall or destruction of cities" (Alexiou, 1974, p. 83). The same sense of disarray brought about by war that was experienced in Ancient Greece is also present in biblical lament, which expresses grief that surrounded the defeat of Israel in opposition to the Babylonian army in 587 BC (Carlson, 2015). The biblical laments that will be mentioned in this chapter are referenced in the book of the Psalms and the book of Lamentations in the bible. The final tradition of lament that will be examined is Irish lament. This lament originated in the form of song and, in its earliest form, was sung as an expression of grief during "conscription to the army, the field of battle" and "evictions" (Porter, 2013, p. 16). However, today the Irish lament is best known for addressing, primarily, experiences of immigration and exile during the nineteenth century (Porter, 2013) This tradition of lament was performed at the docks as ships were boarded for America and families were separated (Porter, 2013). Lament, in these historical examples of loss, offered a means of making sense of that loss through an artistic process, which this chapter will further describe.

Lament: Making Sense and Liminal Space

Lament exemplifies the action of making sense of "a world of meaning challenged by loss" (Neimeyer & Thompson, 2014, p. 4). This unknown space of a world altered is what early philosophers describe as *liminality*, representing a de-constructed state that is characterized by chaos and confusion (Levine, 1999, 2005). A liminal space is given voice through lament, communicating the incomprehensibility of loss. Lament externalizes the fragmentation of this state (Carlson, 2015; Jones, 2007; Sijakvoic, 2011). Another aspect of liminality that is contained in the examples of lament is its function as a transitory state (Porter, 2013). A transition implies a bridge between two things, in which a new pathway is revealed (Levine, 1999; 2005). Laments in the bible and laments in Ancient Greece will first be reviewed as a process of *making sense* and how this reveals a process of reconstruction.

Crying out in biblical lament. Both biblical lament and Greek lament involve an outcry of pain and sorrow. This is reflected through written text in biblical lament (Brueggemann, 2005; Carlson, 2015; Jones, 2007) and embodied through spontaneous vocal expression in Greek lament (Alexiou, 1974; Sijakovic, 2011). The book of

Lamentations and the book of Psalms narrate grief in the midst of the trauma of the brutal defeat by the Babylonian army (Carlson, 2015). The external disorientation of loss is described in detail in the book of Lamentations (Carlson, 2015). The injustice of the defeat and the extent of the trauma are explicit, reflecting the grief of the people of Israel as a collective (Carlson, 2015). The Psalms, although still containing expressions of anger, are in the form of a prayers/poems that suggest a covenantal frame by directing grief expressions towards the divine (Brueggemann, 2005; Jones, 2007).

The language of the laments in the Psalms reflects the action of "crying out," (Lament, n.d.), through repetitive questions like "how long oh lord, how long" (Jones, 2007, p. 52) and questioning statements such as "why have you forsaken us?" (Brueggemann, 2005, p. 20). These laments are described as having pleading/sorrowful tones (Jones, 2007). Laments throughout the bible describe "alienation and disorientation" (Carlson, 2015, p. 66) and experiences of "pain, anger, abandonment, injustice, accusation, numbness, chaos and confusion" (Carlson, 2015, p. 59) which include explicit and detailed descriptions of the turmoil. As suggested, the nature of these laments embodies the liminal space of questioning loss and searching for meaning.

Shaping grief in Ancient Greek lament. The outcry of pain and sorrow in Ancient Greek lament is not explicitly described through verbal language but implied through its musical representation. Greek lament represents the space before grief may be "rationally" (p. 87) examined, as suggested by Sijakovic's (2011) analysis. Grief was expressed instinctually and without censorship or analysis (Sijakovic, 2011). The voice was the main vessel for grief expression with the occasional addition of a "sob, groan, whimper and sigh" (Sijakovic, 2011, p. 87). The creation of art through the voice was the symbol as well as the embodiment of grief (Sijakovic, 2011). Attig (2001) reinforces the idea of embodiment as a component of early grief process. He states that "we move from being our pain—being wholly absorbed in and preoccupied with it to—having our pain—to carrying residual sadness and heartache in our hearts" (p. 38). When grief is manifested in art, and felt in physical expressions of singing, it may be possible to move from "being our pain," to "having our pain." (p. 38). Ancient Greek lament is described as a process where grief is released and transformed through "shaping the pain" (Sijakovic, 2011, p. 84) in and through the voice. This explorative process and its symbol

in the art forming in the expression of grief through the voice, represents what Attig (2001) refers to as meaning "finding" (p. 34). Greek lament appears to inhabit an intrapsychic world, where emotions arise and are channelled as part of the re-constructive process.

Meaning Making and Meaning Finding in Lament

Finding meaning in the intrapsychic world. Since grief reflects a "world challenged by loss" (Neimeyer, 2001b, p. 4), intrapsychic distress may be heightened. The art of lament in Ancient Greece models the creative process that channels and makes sense of the intrapsychic world (Sijakovic, 2011). The voice embodies some of the chaotic structures of psychic distress, allowing them to flow freely (Sijakovic, 2011). What might normally be suppressed in today's culture, was given voice in Greek lament. This is what Sijakovic (2011) refers to as the "dark side" (p. 87) of lament, where the evolution of emotional/artistic expression sometimes led to the "desire for vengeance" (p. 87) or feelings of "rage" (p. 87). Although it symbolizes the "dark side" (p. 87) of lament, this is also described as having "therapeutic potential" (p. 88), since instead of burying the darker elements of grief in the unconscious, these experiences are integrated in the broader flow of lament (Sijakovic, 2011). These emotions are not judged by the griever but released so that they may be utilized in the conscious formation of art (Sijakovic, 2011).

The emotional/psychological process of lament is further described through the buildup of emotional intensity. In Greek tragedy, intensity was built through a series of virtuosic solos led by females, eventually leading to release in the communion of choral lament (Segal, 1993). The catharsis of heightened emotions and built tension, is indicated to have a "cleansing" (Segal, 1993, p. 26) effect that is facilitated by the resolution encapsulated in the choral laments. The catharsis of the tension generated over the course of the performance appears to enable a "cleansing" (Segal, 1993, p. 26) effect. Returning to the ritual of Greek lament, Sijakovic (2011) suggests that the expression of emotional extremes, such as sorrow and rage, flow into each other instead of being experienced as distinct and separate. The climax of the emotions in this case facilitates transition to alternative vantage points, where the art form holds and bridges two sides of the spectrum

(Sijakovic, 2011). The continuum of grief expressed in the lament is thought to lead to greater inner balance and "solace" (Sijakovic, 2011, p. 94).

The artistic construction of grief in Greek lament and Greek tragedy illustrates a framework in which meaning is found. Meaning reconstruction in Neimeyer's (2001) grief model includes both meaning that is found and meaning that is made (Attig, 2001). By contrast, biblical lament represents a form of meaning making, that is negotiated within a belief system, which inspires the process of revision.

Making meaning in systems of belief. The biblical books of the Psalms and the Lamentations as outlined earlier in this chapter, describe the external disarray of Jerusalem after the Israelite's land is seized after war (Carlson, 2015). The book of Psalms as a whole can be described in terms of a pattern of movement from "orientation" to "disorientation," towards "re-orientation" (Brueggemann, 2005, p. 24). The beginning passages of the psalms direct praise towards the divine. In the middle passages, there is a shift towards disorientation, which involves cries of distress. When viewing the book of Psalms as a narrative, the middle passages, which express the despair of loss, demonstrate the negotiation of meaning within a belief system. Instead of withdrawing from these beliefs because of the dissonance they create, the laments direct grief expressions towards the divine as the audience of the ritual. The emptying of grief in relation to the covenant is considered to facilitate the movement towards re-orientation, in the form of re-claimed hope, faith and love (Brueggemann, 2005). Brueggemann (2005) states that the re-orientation of renewed faith/praise is one "in which anguish of disorientation is not forgotten, removed, or absent" (Brueggemann 1995, p. 25). Thus, two experiences are held together in a re-constructed narrative that sketches the past, present and future, and integrate the story of loss (disorientation) into the broader belief system.

The pattern of lament described in the Psalms reflects a process of re-vision where the pain of loss can be integrated into the broader life narrative and belief system. This process is also represented in the context of immigration and exile in the songs of Irish lament (Porter, 2013).

Making meaning in the organization of the life narrative. The songs of immigration and exile in the nineteenth century version of Irish lament were sung at the docks, as families were separated, and ships boarded for America (Porter, 2013). These

songs embodied the border between the past and future story. The sea was a symbol of transition, separating the old life and the new. Porter (2013) also suggests that the sea represented the metaphoric death of separation from one's family, home and culture, a place of liminality, the space before meaning is re-negotiated and a new identity has been built (Levine, 1999; 2005). The grief process embedded in this tradition of lament embodies the reconstruction of meaning and identity in collaboration with the cultural and familial narrative, connecting the past/present with the future story.

The examples of both biblical lament and Irish lament have reflected the co-construction of meaning through the narrative of lament. Ancient Greek lament as a death ritual, provides a platform for grief to be navigated with the sanction of political discourse and the collaboration of other lamenters (Alexiou, 1974).

Grief Discourse and Co-construction in Greek Lament

Grief discourse in the context of Ancient Greece was a sanctioned expression. Lament was performed as part of an order of ceremonial events identified in political legislation (Alexiou, 1974). The demonstration of grief both during the lament at the wake and the funeral procession were intended for all members of the public, constructing grief from within a cultural/political narrative (Alexiou, 1974). The lament at the tomb was smaller in scale, involving individuals that were closest to the deceased person (Alexiou, 1974; Sijakovic, 2011). However, this event also included a female stranger who performed the lament in combination with a selected female from the group (Sijakovic, 2011). This illustrates a grief narrative that is co-constructed, with the art evolving in collaboration with the other stranger's lament who mirrors their grief (Sijakovic, 2011). This in itself may provide meaning, since grief expressions are affirmed and partnered. The practice of lament as a political discourse provides a system, within which grievers can mirror and validate grief, aiding the process of meaning reconstruction described earlier in this chapter. Although lament was a sanctioned system of grief discourse throughout history, the evolution of culture has resulted in the decline of lament as a grief practice.

Lament as a Dying Practice and the Shift of Culture

Several authors have discussed how lament appears to be a nearly lost tradition in the present-day western cultures (Carlson, 2015; Brueggemann, 2005; Sijakovic, 2011;

Torr, 2019). The gradual decline of lament can be first linked to the cultural shift in Ancient Greece in the Byzantine era (Alexiou, 1974). As the church began to control all cultural expressions, the practice of lament became gradually less accepted, since it was deemed to represent the mythical origins of Pagan rather than Christian beliefs (Alexiou, 1974). Biblical lament, however, suggests that lament can be constructed in a variety of belief systems.

In the present day, the biblical practice of lament as involving both the expression of pain and the expression of praise has been referenced as a neglected tradition in the contemporary church (Carlson, 2015; Torr, 2019). In these contexts, descriptions suggest that grief expressed in the form of lament, is no longer a sanctioned spiritual expression, alienating those who may be in pain and may benefit from the practice of lament (Carlson, 2015). The church then becomes a site of disenfranchised grief, without grief being sanctioned as part of corporate worship (Carlson, 2015). This is just one example of disenfranchised grief in present-day culture, where a practice of giving voice to grief through lament does not fit the dominant cultural norms. As discussed in the previous chapter, disenfranchised grief occurs in a variety of social, cultural and systemic contexts. The mental health care system may be another example of an environment that limits opportunities for grief to be voiced. The discourse of creativity as an alternative to medical/scientific processes is described by two leading music therapy theorists.

Kenny (2006) argues that there is a "dearth of creativity" (p. 8) in mental health care in the "rigidity" (Kenny, 1982, p. 9) that generates formulaic procedures in the process of healing. She maintains that creativity can motivate one to "experiment with alternatives" (Kenny, 1982, p. 9) as a creative action to "accept change" (Kenny, 1982, 9). This argument is mirrored by Bonny (2002) in the tendency of modern-day practice to value scientific knowledge over experiential knowledge, creating an "imbalance in looking at ourselves" (Bonny, 2002, p. 95). When making sense of grief through the creation of art, there is the release of the "intuitive mind" rather than the "rational analytic mind" (p. 95), which may be just as significant in the process of meaning reconstruction. The value of creative process in the expression of grief leads into the

conceptualization of lament as a meaning reconstruction process in music therapy practice.

Conclusion

This chapter has reviewed the terminology of lament and introduced three historical examples of its expression. These examples were compared to components of the meaning reconstruction grief model, such as the artistic process of meaning making/finding in the development of grief narratives. These areas will now be further explored in the context of music therapy practice.

Chapter 6. Lament as Meaning Reconstruction for use in Music Therapy

The historical practice of lament provides a context for meaning reconstruction, externalizing the liminality of loss and co-constructing meaning within cultural and spiritual frameworks. This chapter will begin to identify theoretical constructs that point to the significance and relevance of lament as a music therapy process of meaning reconstruction in the systems of creativity provided by music therapy practice. One music therapy theory and two advanced music therapy methods will be utilized in this illustration: the theory of The Mythic Artery (Kenny, 2006), the Bonny Method of Guided Imagery and Music (Bonny, 2002), and the advanced music therapy method of Vocal Psychotherapy (Austin, 2008).

Recapitulation

In the chaos of an altered world and shifted life trajectory, Neimeyer's (2001) grief model suggests that confusion/disorientation be met with an explorative process that makes sense of loss, that generates grief narrative, and that re-negotiates a world of meaning. Meaning reconstruction has been considered useful in the context of mental health care, where grief narratives may never have been voiced. These unheard narratives are examples of disenfranchised grief, which are perpetuated by systems that prioritize the treatment of illness and the reduction of symptoms before the origin of distress is explored and embodied. With self-disenfranchisement, the broader social disenfranchisement of grief reinforces self-neglect, in which the griever internalizes the exclusion of grieving rights and denies one's own story of grief/loss (Doka, 2002; Kauffamn, 2002). Neimeyer et al., (2014) suggests that without a process to make sense of loss, it may remain incomprehensible and without meaning.

Lament as a historic practice models an alternative discourse that differs from the medical model in the alleviation of distress, in that it first embodies an outward expression of pain and sorrow (Brueggemann, 2005; Porter, 2013; Sijajvoic, 2011). These narratives tell a story of grief in its musical representation (Segal, 1993; Sijakovic, 2011;), its poetic description (Carlson, 2015; Jones, 2007), and its symbolic/metaphoric demonstration in song (Porter, 2013). These historic examples of lament demonstrate systems that can be used to negotiate meaning: the sanctioned platform and mirror of a selected stranger in the ritual of Ancient Greek lament (Alexiou, 1974; Sijakovic, 2011),

the framework of faith in biblical lament (Brueggemann, 2005; Jones, 2007), and cultural/familial structures in Irish lament. For those living with mental illness and resulting grief, a system that offers a framework to make sense of loss and re-construct meaning is considered of benefit. Three methods/models in music therapy practice are especially relevant to the conceptualization of lament and meaning reconstruction, offering functions and processes of creative expression. The first that will be described is the theory of The Mythic Artery.

Clarifying Terminology

Conceptualisation of theory, method, and model can differ depending on individual or geographic based interpretation (Cohen, 2018). For example, advanced training in music therapy in the United Kingdom is considered to be fulfilled through master's training, whereas advanced training in North America involves training in a specialized area of interest, following a master's degree (Cohen, 2018). For the purpose of consistency throughout this chapter, Vocal Psychotherapy and the Bonny Method of Guided Imagery and Music are considered advanced music therapy methods, as conceptualised by Cohen (2018), as each involve extensive training in a specialized mode of practice that an individual may partake in following the completion of a master's, which leads to a professional designation. These methods were founded directly by music therapists, generating knowledge from fieldwork, personal experiences with music/therapy and application of relevant theory original to music therapy (Cohen, 2018).

The other content area that will be utilized in this chapter, is The Mythic Artery, developed by Kenny (1982) and further culminated into a model, known as the field of play (Kenny, 2006). Kenny was an early music therapy theorist, who pioneered theoretical thought related to the practice of music therapy, determining creative processes and core musical themes that have been central to theory development in music therapy practice. A theory by nature is a non-descript term, in which encapsulates a group of ideas that support an overarching premise (Cohen, 2018). The Mythic Artery, therefore, loosely resembles a theory, and will be identified as such throughout this chapter.

Theoretical Constructs Within The Mythic Artery Supporting The Relevance of Lament

Carolyn Kenny, in the development of The Mythic Artery theory examines the traditions of the past that are less apparent in modern-day culture. She refers to these as the *missing links*, which offer an understanding of ourselves and the world (Kenny, 1982, 2006). At the core of this analysis is the significance of myth, holding some of the "magic" and "mystery of life" (Kenny, 2006, p. 5). These observations are incorporated into her theory of The Mythic Artery, combining processes of myth and music as source of "symbolic healing" (Kenny, 2006, p. 23). This conceptualization combines the missing links from traditions of the past, practice of Indigenous cultural practices and theory/examples from Western classical music, which is applied to the music therapy environment.

For Kenny (1982, 2006), ritual offers a context for myth to be constructed. This ritual space is embodied in the music therapy environment, creating a system for the exploration of mythic forms. Kenny (2006) explains that:

> Music is a resource pool. It contains many things—images, patterns, mood suggestions, textures, feelings, processes. If selected, created and used with respect and wisdom, the clients will hear what they need to hear in the music, and use the ritual as a supportive context. (p. 13)

Each individual may use this system to make meaning and to utilize the form of artistic elements for expression and healing. Engagement in the external resources of art is also what promotes a "relational existence" (Kenny, 2006, p. 5), since in telling one's story and making meaning through the construction of art, one is simultaneously re-connecting with their environment. The Mythic Artery therefore is not only a source of connection but also a reminder of connection.

Kenny's (1982, 2006) theoretical construct of connection as realized in The Mythic Artery also pertains to the life narrative, offering threads that build continuity between the past, present, and future. Music makes myth known through the senses, suggesting that meaning reconstruction may be just as experiential as it is structural. Myth is not only a representation of the self, but the link towards one's environment and one's culture. In shaping experience through external resources, the patterns and

processes connect one to something larger and become representative of a broader whole. This parallels with Attig's (2001) suggestion that one of the elements of meaning reconstruction may be the recognition of "our place in the larger scheme of things" (p. 34).

In outlining the model of The Mythic Artery, Kenny (1982, 2006) explains that "a pattern usually represents a process" (Kenny, 1982, p. 66), as the "unconscious strives to create patterns out of formlessness" (p. 66). This suggests a process of making sense of grief/loss through externalization and the construction of an art form. Kenny (2006) explains that ritual is the marker and facilitator of "transformation, growth and change" (p. 56). This does not imply the removal of pain and suffering, but rather a process that facilitates the revision and broadening of one's perspective. One of the main patterns/processes in the The Mythic Artery is the death/re-birth myth.

The death/rebirth myth. Myth in ancient cultures involved stories that communicated the "mystery of life" and offered "symbolic form," reminding one of the "continuity of humanity and the world as a whole" (Kenny, 2006, p. 5). These mystical traditions offered a mode of making sense of the world and one's self, particularly at times without control, or with the prevalence of unknowns or changed life circumstances. As culture has evolved, the use of myth as a mode of thinking about and relating to the world has become less apparent. This shift is exemplified in Kenny's (2006) reflection that:

> We have left behind an artistic way of being. . . we have left behind the links, the patterns which connect us to all of human and nature . . . we have left behind a relational existence. We have specialized and isolated and alienated. We have left behind the colors, the forms, the sounds, the symbols, the rituals, the ceremonies, the magic, the mystery of life. And at the core of all of this we seem to have lost myth." (p. 5)

This "way of being" suggests a mode of making sense of loss and searching for meaning. Evoking the sensorial, imaginative, and symbolic forms of mystical traditions may be of significance in meaning reconstruction. As suggested by Kenny (2006), it may reinforce acknowledgement of the enduring forces of "continuity" and "survival," (p. 6) in response to loss awakened in creative exploration. Meaning from this vantage point may

be made intuitively or sensorially as music provides form for myth. The death/rebirth myth exemplifies this pattern/process.

The death/rebirth myth is a ritual that inspires a "symbolic association" (Kenny, 2006, p. 6) between one's life and the music. The use or reflection of tension in music may correspond with an internal conflict or painful aspect of the life narrative. This is symbolic of death in the myth, in which the liminal space of chaos and confusion is embodied in musical representation of tension. Kenny (2006) suggests that the death/rebirth can be symbolized in a variety of ways, but that two things must be present to reflect the myth in the music: first, "a strong and obvious movement of tension and resolution" (p. 7) and second, "directions or techniques" that "encourage patients or clients to symbolically identify with processes in nature" (p. 7). This may include the pairing of music with painting, movement, poetry, and so on (Kenny, 2006).

Kenny (2006) identifies the process of death/rebirth within the Western classical tradition of music, in which emotion and intensity builds towards a "peak level of intensity" (p. 6) representative of a climax, facilitating a transition from death to rebirth. This rebirth, however, is thought to remain connected to the symbols of death, since the myth "acknowledges the tensions of pain, anger, hate, melancholy, confusion, frustration, hurt, despair and the resolution of joy, love, fulfillment, clarity, and hope" (Kenny, 2006, p. 6). In embodying two sides of the continuum in one artistic experience or constructed art form, the tension of death is held with the symbols of rebirth. This suggests that art may be an agent in processes of repair, not by eliminating pain and suffering related to grief/loss but fostering its integration in the broader life narrative. A balance between both death and rebirth is the essence of meaning reconstruction as exemplified in this myth. Balance to tension is facilitated in rebirth, in which meaning is found through reception to the sources/symbols of renewal in nature. Death and rebirth are viewed as connected with the reflection of this pattern in nature, in which communicates the inevitability and even the necessity of change (Kenny, 2006).

The disorientation reflected in this myth can also be observed as part of the "reorientation" that Brueggemann (2005, p. 24) describes in relation to the biblical book of Psalms. Disorientation is externalized through lament, and a full expression of the pain and anguish directed toward the divine leads to renewed expressions of faith, hope, and

love (Jones, 2007; Brueggemann, 2005). A new consciousness is thus created, focused less on the self and more on the divine, voiced through expressions of praise (Brueggemann, 2005). In The Mythic Artery, disorientation and reorientation may be suggested and experienced at once, since the availability of form and patterns in the external environment suggests a reciprocal influence between one's internal world and one's external world (Kenny, 1982, 2006). This may promote the process meaning reconstruction. Now that symbolism has been outlined in Kenny's (2006) theory, discussion related to the experiential understanding of meaning through flow will be considered.

Flow and connection in the construction of art forms. The construction of art in Greek lament has been outlined as a fluid form of emotional expression, moving effortlessly from cries of sorrow cries of rage (Sijakovic, 2011). Full intensity in this expression is suggested to create forward movement, releasing and externalizing the depth of emotion in opposition to its weight festering internally. When considering the emotional restriction of disenfranchised grief, there may be a need for movement and forward momentum that promote release. Kenny (2006) suggests that The Mythic Artery may offer a source of "flow" (Kenny, 2006, p. 10). This flow is realized through engagement with external resources, which may promote mirrored internal flow. This flow is in part contained and facilitated by the art functioning as a "thread" (p. 10). Art as a thread has several components significant to the conceptualization of meaning reconstruction as music therapy process. Where flow may offer an experiential understanding of meaning, a thread has structural/organizational function, linking one thing with another. This may relate to the shaping of the life narrative, in which the thread of art may reflect the past, present and future in one unified form. The cultural elements of meaning reconstruction are also relevant to this conceptualisation, since art is the thread that links the external world of form with the internal world of experience. Thus, art is both an agent and guide for lament and meaning reconstruction.

Another dual function that is identified by Kenny (2006) is the quality of music being both "solid and liquid" (p. 12). This is an important area of consideration in the process of making sense of loss, which may be reflective of the chaos and confusion of liminal space (Levine, 2005). Music being liquid offers malleability that may express the

space of the unknown and search for patterns that hold meaning and offer structure. Aigen (2005) mirrors this argument, maintaining that "freedom," "structure," and "liminality" (p. 285) are contained in music-making experiences. From his perspective liminal space is the bridge between freedom and structure. Music making therefore, may separately or simultaneously, structure experience, embody the unknown, and reduce barriers.

Theoretical constructs contained in The Mythic Artery introduce several areas for consideration relating to lament and meaning reconstruction. It exemplifies a system of art and creativity that can be used to navigate liminal space and make form within the unknown. The Bonny Method of Guided Imagery and Music also offers a system, in which meaning may be mirrored in the external.

Theoretical Constructs in the Bonny Method of Guided Imagery and Music Supporting the Relevance of Lament

In this advanced method, Western classical music programs provide a system for meaning making, similar to that of The Mythic Artery. GIM is a receptive method that is used in the practice of music therapy and partnering therapy practice (Bonny, 2002). There are several variations of the method, however, discussion in this section reflects Bonny's (2002) traditional format. The classical music programs are available to facilitators of GIM, who select the program based on the needs of the client and the progression of the therapeutic process. The music in the programs use:

> various elements of music— instrumental timbre, vocal color, rhythm, dynamics of pitch, intensity, harmony—to contribute subtly and powerfully to mood, emotional involvement, and insightful introspection" (Bonny, 2002, p. 97).

Prior to listening to the music programs, the therapist facilitates a non-ordinary state of consciousness using relaxation induction techniques. The music is intended to promote the "conscious use of imagery" (p. 95). This flow of imagery is reliant on "ego receptivity," (Bonny, 2002, p. 96) where ego control is reduced, producing a "stream of consciousness" (p. 96) and allowing access to the unconscious. This release of control motivates reception to the external environment, functioning as a mirror, in which grief could be recognized and embodied through the experience of image and/or sensation. This relates to what Attig (2001) distinguishes as meaning finding, in which attunement

to the external flow of grief, instead of intentioned self-analysis, allows new meanings to come into being.

Just as with myth in Kenny's theory, here the imagination is evoked, providing a mode of processing inner conflicts and a mirror to the life narrative (Bonny, 2002). Some of the classical music programs in GIM may then promote recognition and location of restricted grief in the self (Bonny, 2002).

Receptivity to the external. The experience of the music and its representation in image and sensorial perception, provides a mode of "being with," (Bonny, 2002, p. 133) while also "becom[ing] one" (p. 133) with the music. This may offer both motivation and permission to search for symbolic forms that express one's grief as one is being carried in the motion of the music. Similar to Irish lament, which uses metaphors to symbolize grief (Porter, 2013), GIM promotes "metaphorical thinking" (Bonny, 2002, p. 95), evoked through imagination that represents the "intuitive brain" (p. 95). Images, metaphors, and symbols may provide an entrance into feeling, that when fully engrossed, may lead to a "flood of repressed emotions" (Bonny, 2002, p. 97) or the re-enactment of childhood experiences. This demonstrates how emotional distress in the present can be connected to the past grief that one may have experienced as a child (Bonny, 2002). Using the music as a vehicle to return to these experiences may provide entrance into meaning reconstruction and re-vision of the life narrative.

The function of catharsis. Bonny (2002) provides three "variables" (p. 99) in the healing process: "catharsis, insight, and action." She describes the first, "catharsis," as "the actual release of restricted and cathected emotions and feelings which a person has repressed, may be unaware of, and is usually afraid to express" (p. 99). This can be compared to the catharsis in Ancient Greek lament, in which the flow of emotion sometimes led to the release of "rage" or a "desire for vengeance" (Sijakovic, 2011, p. 89). From a Jungian perspective, which is incorporated into theoretical frames of GIM, this is representative of the "shadow side" (Ward, 2002, p. 15), which is outside of conscious awareness and may be revealed in symbols or archetypes. Embodying this shadow side may be useful for reconstruction because the release of cathartic energy contained internally may instil greater balance in the psyche (Ward, 2002), which is also considered by Sijakovic (2011) as the "therapeutic potential" (p. 88) of Ancient Greek

lament. There may also be a tendency to search for an alternative source of meaning that counterbalances the presence of the darker elements of the self. For instance, there may be symbolic play between light and darkness, which co-exist, or a period of darkness may eventually give way to light as one is responsive to the changes in the music. Thus, the classical music programs are not limited to the expression of one emotion or perspective. Similarly, searching for meaning in GIM, often involves play with two sides of a continuum, generating balance between illness and health, light and darkness, and tension and resolution (Bonny, 2002; Ward, 2002). Lastly, the shape of the re-constructive process in GIM, is similar to the result of lament, where beauty and pain are held together.

The reconstruction of insight and action. Returning to the two other variables in GIM (Bonny, 2002), "insight" and "action" may also be required for grief to not only be recognized in the music but further processed as layers of meaning reconstruction are organized. Insight may involve questioning the occurrence of the images, and further processing their meaning and connection to the life narrative. Catharsis appears to resemble meaning "finding" in which unexpected meanings arise without direct intention (Attig, 2001), whereas "insight" mirrors meaning "making," which is self-reflexive and based in analysis. Lastly, the variable of action is discussed, as the practical application of insight in one's life. With meaning made and found through the process of "catharsis" and "insight," there may be potential for further reconstruction that re-shapes one's worldview and self-narrative that creates a lasting shift in the way one operates in the world.

Both the model of The Mythic Artery (Kenny, 2006) and the Bonny Method of Guided Imagery and Music (Bonny, 2002) have suggested that art may be a representation of the life narrative, which can be revisited and further processed in the present. Music has been the agent that offers accompaniment and that evokes the imagination, which may be utilized for lament and meaning reconstruction. The Mythic Artery (Kenny, 1982; 2006) and the Bonny Method of Guided Imagery and Music (Bonny, 2002) contain theoretical constructs that relate to the artistic process of meaning reconstruction and lament. What has yet to be considered is a conceptualization of lament that may be applied to practice. Vocal Psychotherapy (Austin, 2008) is a method that is

closely related to lament as a music therapy process, since it reflects the use of the voice as a main vehicle for emotional expression, which is congruous with what has been described in the traditions of lament (Porter, 2013; Sijakovic, 2011).

Theoretical Constructs and Music Therapy Processes Within Vocal Psychotherapy Supporting the Relevance of Lament

Austin's (2008) Vocal Psychotherapy advanced music therapy method (2008) is significant to this argument because it demonstrates the affirmation and co-construction of a grief narrative. Giving voice to the narrative of unresolved childhood trauma is the context of these grief narratives (Austin, 2008). This trauma is viewed as "any experience that causes the infant or child unbearable pain and/or anxiety" (p. 64). Thus, unresolved trauma represents an enduring loss, in which a fragmented understanding of the self and the world has never been re-built. The Latin translation for consciousness, "*con*(with) *scire* (to know)" reflected in Aldridge's (2006) research, implies a mutuality. This differs from self-consciousness, which involves private and internal understandings. When making music with another person through co-construction, there is the experience of resonating together and, therefore, sharing meaning (Aldridge, 2006). This is represented in the co-construction of vocal improvisation between the therapist and client in Vocal psychotherapy.

Before loss may be safely grieved, there must be an empathic and attuned other. The attuned therapist in this dynamic, who functions as the caregiver figure, provides a mirror to the self, similar to the classical music programs and images that represent symbols of the unconscious. This is intended to begin to heal the "link between self and other" (p. 149) and generate a "reparative" (p. 56) relational dynamic. This creates a system of attachment, with the therapist functioning as the attuned other, affirming one's grief narrative. With a mirror there may be the possibility of hearing the grief in one's story, giving permission to further acknowledge and process it. This method resembles the tradition of Ancient Greek lament, where the voice is the vessel by which grief is released and co-constructed with the partnering vocal dialogue of the therapist.

The function of the voice in meaning reconstruction. The voice as a vessel for the building of a grief narrative is significant to the meaning reconstruction process and lament for a few reasons. Vocal expression is an instinctual mode of expression (Austin,

2008). This is linked to the beginning of life, in which the voice was the sole link for communication and survival. The voice also regulated and expressed the input from the external world and its effect on one's internal world. A laugh, cry, scream, and so on, communicates one's internal world. The link between the internal and external can then be re-built through the voice as a primitive source of communication, developing an emotional/sensorial knowing. The primitive nature of the voice may be why the action of "crying out" in lament seems to be a natural response to loss, in which the external and internal world shifts. Singing also involves the release of resonance, vibration and the release of breath, promoting more bodily awareness where grief may be held. Austin (2008) suggests that with unvoiced grief, there is a blocked energy flow that is released when singing. Viewed through the lens of self-disenfranchised grief as well as Austin's (2008) consideration of unresolved childhood trauma, this grief may be connected to emotions that were numbed and disassociated, creating fragmentation in the self. For example, Austin (2008) describes that:

> When our feelings and needs are judged or ignored, we learn to judge or ignore them. We shut down for self-preservation. Vital parts of the personality that represent our true voices are hidden away because it is not safe to express what we really think and feel. We fear disapproval, anger, tears, abandonment. (p. 25)

Acknowledging these feelings, acknowledges the grief of unmet needs in childhood and the resulting disorientation of the present. Vocal methods allow for these needs to be claimed and, embodied, and the voice is a vehicle for this embodiment. Austin states that: "when we sing, our voices, and our bodies are the instruments. We are intimately connected to the source of the sound and the vibrations. We make the music, we are immersed in the music and we are the music" (p. 21). The body and voice become the vessel that grief may flow through, as a mode of making sense of grief and relearning the self and the world in the process (Attig, 2001).

Meaning reconstruction and vocal holding. The first technique that reflects lament and meaning reconstruction in Austin's Vocal Psychotherapy method is vocal holding (Austin, 2008). The accompanying musical framework facilitated live by the therapist, encourages a non-ordinary state of consciousness, like that of GIM, in which the instinctual flow of physical and emotional impulses may be released (Austin, 2008).

Two chords are used with a rocking pattern. One of the selected chords often includes a suspended note, forming alternation between tension and resolution. This is described to induce a "trance like state" (Austin, 2008, p. 163), which allows for ego control to be relaxed, and impulses to be followed and channelled through the voice. This technique promotes vocal exploration with the use of syllables rather than words (paralleling Ancient Greek lament), which provides easier access to the unconscious where unvoiced grief may reside (Austin, 2008). In the co-construction of vocal holding, the therapist's voice mirrors the client's vocalisation, holds low/grounding tones, merges in unison, and separates in harmony (Austin, 2008). This provides a system of attachment to form meaning from within as the therapist functions as the attuned caregiver and begins to provide a mirror for grief to be noticed.

Meaning reconstruction and free associative singing. Relearning the self and relearning the world, may also require the other as an additional vehicle for reconstruction. There may be periods in the therapeutic process where further progression of the acknowledgement of grief/trauma may require reinforcement. The technique of "free associative singing" (Austin, 2008, p. 160) aids in this progression, adding words to the same musical framework used in the vocal holding. Words are thought to be retrieved from the unconscious, mirroring Freud's concept of "free association," in which "automatic thought(s)" may have significance and correspond to unconscious "images, memories and associated feelings" (Austin, 2008, p. 160). This method may take the form of "essence statements" (Austin, 2008, p. 162), with possible lyrics beginning with "I feel," "I think," or "I need," (p. 162). The mirroring and repetition of these statements by the therapist and client further ingrain the meaning of the words. Iliya (2015) adapted aspects of the vocal psychotherapy method, including the technique of free associative singing, for use in bereavement care. In the adaption, one may participate in an "imaginal dialogue" (p. 173) with the deceased loved one to aid the grieving process. The first practical analysis involved bereaved individuals who were experiencing mental illness and complicated grief (Iliya, 2015) and the second study utilized a sample of creative arts therapists who had experienced the death of a loved one (Iliya & Harris, 2016). Imaginal dialogues are also described in Ancient Greek lament, in which the pagan belief system of the historical period maintained that one was able to communicate with the dead. The

lamenter sometimes occupied the space of an imaginary dialogue, particularly during the lament at the tomb (Sijkaovic, 2011). This type of imaginary expression, in which one symbolically communicates with significant people in one's life, is similar to processes of re-enactment of past memories and associations considered in Guided Imagery and Music. This function of communicating symbolically with the people that are representative of one's grief suggest the possibility of lament as a means for relational healing.

Furthermore, the technique of "doubling" (Austin, 2008, p. 162) can be added to free associative singing. Here, the therapist functions as the client's "inner voice" (p. recognizing something that may be representative of the client's experience, but that remains unvoiced. Where the therapist produces an inaccurate observation, the client has the opportunity to find the words that correct the statement, facilitating movement towards meaning reconstruction. Thus, by resonating with another kinaesthetically, and by hearing grief through the mirror/voice of the therapist, one is not alone in their experience but deeply connected, heard, and validated (if accomplished with the appropriate skill, knowledge base, and recognition of transference) (Austin, 2008). The method of Vocal psychotherapy provides both the internal acknowledgement of grief that is externalized and re-constructed with the mirror and resonation of the therapist's voice.

Lament as a Music Therapy Process of Meaning Reconstruction

The theoretical constructs offered by the reviewed theory and advanced methods suggest the relevance of lament as a music therapy process of meaning reconstruction. These established ways of thinking/practicing provide insight into how lament may be utilized to help individuals shape their own grief narrative and re-connect to others and their environment. The need for lament may be recognized and realized through engagement in these ways of practicing, through which meaning can be constructed. This appeals to the instinctual and imaginative areas of the psyche that inspire meaning reconstruction, as non-ordinary states stimulate emotional flow, which is journeyed without analysis or censorship in the methods described. This may reflect or produce liminal space, involving fragmentation that is without form; however, these theories/advanced methods suggest that the tension of this space is what may inspire reconstruction. Music provides a system where form can tell a story (Kenny, 2006),

where grief can be mirrored and manifested in image (Bonny, 2002), and where consciousness can be shared with the other through the evolution of a vocal dialogue (Austin, 2008). These means of meaning making each support the evolution of grief narratives, as the externalization of pain and suffering is further shaped through accessing and nurturing strengths and resources. These models/methods suggest that meaning can be found in intuitive expression—representative of lament—in which the main focus is the release of emotion. When that emotion manifests as an art form, it facilitates a deeper understanding of grief and its meaning.

Conclusion

This chapter has highlighted theoretical constructs within the contexts of one music therapy theory and two advanced methods which support the use of lament as a music therapy process of meaning reconstruction. These ways of thinking/practicing were discussed as systems through which a story of grief may be acknowledged and meaning may be discovered through artistic expression. The next chapter will discuss significant findings in this research, and consider the implications for practice, education, research and accompanying limitations.

Chapter 7. Discussion

This research intended to conceptualize lament as a music therapy process of meaning reconstruction in mental health care, when working with adults experiencing disenfranchised grief. The needs of these adults and mental health care practices in music therapy were reviewed in chapter three, while the interrelation of grief and mental illness was reviewed in chapter four. Then, the needs of theses adults and how lament and meaning reconstruction might be a suitable process for healing/recovery was explored. This process was further contextualized within a music therapy theory and two advanced methods using theoretical constructs to argue for the relevance of lament as a music therapy process of meaning reconstruction. This chapter will articulate the significance of the findings in relation to mental health care and discuss the limitations and implications for practice, education, and further research.

Grief Process in Mental Health Care

Grief process, considered in the application of mental health care, provides an alternative frame for recovery. A "grief lens" (Young, et al., 2004, p. 190) acknowledges potential loss experiences, thus contextualizing past and present distress relating to mental illness. When grief is recognized, the life narrative holds more significance in the navigation of recovery, as one re-establishes order and meaning to one's past, present, and future stories. Music therapy as a nonverbal means of expression and communication, offers systems with which to construct a grief narrative. This may run parallel with the aims of recovery, identified as Canada's orientation to practice in mental health care in chapter three. These include factors such as self-determination, identity, hope and meaning (MHCC, 2009; 2012). Meaning reconstruction grief process provides an alternative means of navigating growth in these areas.

If the pain of grief related to mental illness is left fragmented and without meaning, it may manifest as an inner conflict, as discussed alongside the concept of self-disenfranchised grief in chapter four (Kauffman, 2002). Giving pain a platform, as in the examples of lament provided, is considered countercultural in western societies and modern-day medicine that value controlled and methodical guidelines, which may inadvertently suppress the voice of the client and their creative capacity to search for meaning in their own unique way (Kenny, 2006). This research has examined the process

of making sense of the internal world of distress, externalized in a system of creativity, in which meaning may be found. These areas may be relevant to recovery process in mental health care.

This research has revealed three inter-connected layers of meaning reconstruction where lament, as a music therapy process, is relevant and supported by the theoretical constructs reviewed in this paper. The first involves ascribing meaning to pain; the second involves fostering relational meaning; and the third involves finding meaning in the world.

Ascribing Meaning to Pain

The process of making loss comprehensible partly involves making sense of the pain that it generates (Attig, 2001; Neimeyer, 2001b). In the review of the historical examples of lament, crying out in distress embodied the liminal space of the unknown, in which one searched for meaning in pain (Carlson, 2015; Porter, 2013; Sijakovic, 2011). Some of the laments described, posed questions and voiced protests (Carlson, 2015; Sijakovic, 2011). Instead of receiving answers to these questions, the art contained the expression of pain so that it could be organized and integrated in the evolution of meaning reconstruction. Music therapy provides a similar environment, in which art may be formed from pain. If emotion related to pain is not released, its meaning may not be explored, and it cannot be embodied. Meaning in pain may be known as it flows through the body (Austin, 2008), is embodied in symbol (Kenny, 2006), or felt in the qualities of tension (Austin, 2008; Bonny, 2002; Kenny, 2006). Bonny (2002) further suggests that these experiences of catharsis, in which restricted emotion flows, can facilitate insight as the content is processed and meaning is further reconstructed.

Discovering Relational Meaning

Music therapy, as considered in the theory and advanced methods presented in this research, provide systems of creativity that help to make sense of grief. The elements of art in these systems may reflect the internal narrative. The art, which contains images, symbols, and archetypes, may mirror grief. Meaning may first need to be displayed externally, through an image or symbol, before it can be recognized in the self. A unity between the art form and the person has been discussed in this study. Music has been described as embodying emotion in its musical representation, such as timbre, rhythm,

timing, and so on, as well as in its symbolic representation in image and archetype (Bonny, 2002; Kenny, 2006). The music and receptive activity of the client may result in a unified emotional process, which promotes discovery of meaning both inside and outside of the self. As with Ancient Greek lament (Sijakovic, 2011) and Vocal Psychotherapy (Austin, 2008), this emotional resonance may occur between two or more people, as meaning is co-constructed and shared with the other. When grief is restricted, hearing the emotion in the voice of the other, may give permission for the individual to feel and therefore further process their grief. It may also instill meaning by affirming and sanctioning the grief/loss.

Finding Meaning in the World

Giving meaning to pain and experiencing relational meaning may also involve an experience of how to be in the world: of not being separate from, but rather connected to, pain as a foundation for growth. Relational meaning suggests healing links between self and other, and self and the world. This is a revisionary process as one relearns a world of meaning alongside pain. It may also be the experience of the energy in the formation of art that stimulate flow, making one more aware of energetic forces and patterns in the world, such as the cycle of death/rebirth in The Mythic Artery (Kenny, 2006). The reciprocal influence between the self, others, and the world, which is found in the experience of art formation, may be what reinstates the world with meaning post-loss.

Limitations

The findings of this research study are limited in a few ways. This inquiry is limited to the literature available in the subject areas covered within the English language. This has resulted in theoretical findings that are not tested in practice. As the sole interpreter of this literature, my cultural lens is one of dominance. I am a white female who has grown up in a middle-class family. Although I have experienced loss personally and vicariously, my knowledge is limited to that of a dominant narrative typical of western culture. This was also evident in the delimitation of three cultural examples of lament, in which I was most culturally competent. As a result, the research may not have relevance across cultures beyond those examined here.

Grief literature is a large body of research that is frequently evolving. Therefore, elements of this research may need to be re-examined as relevant theory in the area

continues to be developed. The two methods used to support the relevance of lament as a music therapy process of meaning reconstruction require advanced training. Although the conceptualization of lament can be explored in practice, the advanced techniques associated with the discussed methods cannot be practiced by those who are not qualified. In addition, my expertise is limited to the knowledge collected in the literature, since I am not qualified to practice the traditional format of either GIM (I completed the Introductory level) or Vocal Psychotherapy.

Implications for Practice

The interrelation of grief and mental illness is important to consider in the application of music therapy and mental health care. It suggests the significance of having a platform to externalize a chaotic inner world, and find meaning in its representation through the formation of art. The music therapy environment can be an agent in validating these narratives, and the therapist may partner with the client in the co-construction of meaning.

The scope of this inquiry was limited to establishing the relevance of lament in the context of disenfranchised grief, which has provided an instinctual and emotion-focused style of meaning reconstruction. However, Niemeyer's (2016) grief model can be interpreted in a variety of ways, making it a diverse and versatile process to be implemented in practice. The construction of a grief narrative can be applied to music therapy beyond what has been considered in this research. For example, Neimeyer (2016) discusses a case in which a grieving woman formed a timeline of her relationship with her husband, including the integration of the event of his death, through the selection of significant songs built into a playlist. The songs functioned as guide to organize her grief and seek meaning. This format of meaning reconstruction offers an intervention-based method, providing more structure to contain emotional expression, which may be of benefit to some. Meaning reconstruction has also been applied to interventions in the expressive art therapies across creative modalities (Thompson & Neiemeyer, 2014), which may be of use to practitioners. Furthermore, only one vocal method was included in this examination of lament as a music therapy process of meaning reconstruction. While this advanced method provided valuable insight on grief as it relates to unresolved trauma and other mental health challenges, other vocal studies/techniques/methods might

have provided further insights on the voice and its relation to the grieving process in general.

Although discussion of lament has suggested the use of engaging the liminal space of loss and giving it shape through artistic form, this may not be appropriate for every diagnosis or individual. In both GIM (Bonny, 2002) and Vocal Psychotherapy (Austin, 2008) there are some contraindications. First, the voice can be a fragile vessel that must be attended to with care. There is a risk of damage to the voice if one is not properly trained in facilitating safe practice, particularly when unlocking traumatic material (Austin, 2008). Bonny's (2002) and Austin's (2008) methods also involve therapeutic work while being in a non-ordinary state of consciousness, which may be contraindicated when working with individuals living with disorders of consciousness. Additional contraindications for GIM have been identified by Bruscia (2002a), such as limited inner resource and capacity to tolerate emotional discomfort, physical/medical concerns, and capacity for verbal language or intellectual capacity to apply insight. Regardless of disorder with the application of GIM in mental health care, inner resources may not be strong enough during certain periods, in which case methods that instill structure and regulation may be more appropriate. For some it may be the order of experiences, which begins with methods that offer structure and may lead to the freedom to engage in lament. Thus, the therapist's discretion and the unique characteristics of the client will dictate if, how, and in what order lament as a process of meaning reconstruction in music therapy practice is implemented.

Implications for Education

In this paper, theoretical constructs from The Mythic Artery, the Bonny Method of Guided Imagery and Music, and Vocal Psychotherapy were used to conceptualize lament as a music therapy process of meaning reconstruction. Some of the advanced techniques that have been presented in this conceptualization may be outside of one's clinical competence and scope of practice. Although the theory may be practiced in adapted format, training in these methods may provide a greater understanding of how they could be utilized as meaning reconstruction through lament. Additionally, an advanced understanding of countertransference (i.e., the source of one's own personal reactions to the material explored), may be necessary in order to distinguish between

one's own grief and that of the clients. This also suggests that this type of work should be accompanied by clinical supervision and/or personal therapy, in which the therapist has a forum within which to articulate and work through their own emotional processes.

Further Research

This paper explored areas that had yet to be discussed in the music therapy literature: specifically, historical traditions of lament applied to music therapy process, and grief process in the context of mental distress. As a result, many of the topics have only just been touched upon or raised, and require further development. This research has introduced the potential of mental health-related disenfranchised grief, as a broad avenue for study and further theoretical development. Further investigation could determine specific types of disenfranchised grief that are interrelated with mental illness, offering translatable applications for meaning reconstruction grief process to be formulated.

This research was delimited to one theory and two advanced methods of music therapy. Due to the required length of this thesis manuscript, the formulation of lament/meaning reconstruction has only begun to be formulated. Further examination of these models/methods or study of additional music therapy theory may reveal additional areas of significance and further conceptualize these frames as a music therapy process. As stated above, this research included only one vocal method, although literature that explore other theories of voicework is available. A study that focuses solely on the voice as a vehicle for lament, due to its significance in examples of Ancient Greek lament and Irish lament, may be a useful avenue for exploration. Lastly, since this research focused on a theoretical argument for lament and meaning reconstruction, additional research could begin to consider specific applications of interventions. Intervention-based research may offer an alternative formulation of lament, such as song writing, which may utilize other aspects of a meaning reconstruction grief process.

This preliminary formulation of lament as a music therapy process of meaning reconstruction suggest promising venues for further exploration. This subject matter crosses over many research areas, thus offering a large body of research that has only begun to be explored in this research. The selection of culturally specific iterations of lament was limited in cultural scope. Study of lament in other cultures may enhance cross-cultural significance. Discussion of lament has also been limited to the individual

process of meaning reconstruction related to disenfranchised grief. Other historical/cultural traditions of lament speak to collective narratives of oppression, highlighting both grief and activism. Characteristics of lament, such as giving voice to protest and the oppression of the people of Israel in biblical lament, was briefly discussed. This aspect of lament could be furthered with the culturally specific traditions of lament that relate to historic and present-day themes of oppression. Music therapy theoretical orientations such as Culture-Centered Music Therapy, Community Music Therapy, Feminist Music Therapy, and research areas including cross-cultural therapy models or approaches, could be useful in conceptualizing lament as a collective narrative.

Concluding Thoughts

The human condition of "illness, change, loss and death" (Gehart & McCollum, 2007, p. 216) reflects a life of fragility. Constant changes in life circumstances produce an altered understanding of ourselves and the world. This has been a present reality in the midst of the COVID-19 pandemic which coincided with the completion of this study. This pandemic has produced one of the greatest periods of communal distress at a global level in this century. Loss experiences have been varied during this period. Some have experienced the death of loved one's without the opportunity to grieve in close proximity to others or participate in collective grief rituals. Others may be living loss through unemployment, where others are experiencing anticipatory grief with regards to the losses to come in light of an uncertain future. As discussed in this research, this symbolizes a transitional/liminal space of the unknown. Those reading this thesis may recognize their own loss experiences as being disenfranchised, within this pandemic and beyond, which may give a heightened recognition of the loss experiences related to mental illness. In searching for meaning in liminality, and embodying the pain of loss, one gives shape to the human condition, as in the words of Kenny (1979) we are on "a quest for survival and balance" in which to "experience both the struggle and the profound beauty of life in the same breath" (as cited by Kenny, 2006, p. 21).

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